



GUIDELINES AND APPLICATION FOR REQUESTING SUPPORT

I. ELIGIBILITY CRITERIA FOR SUPPORT

Certain U.S. healthcare-related organizations are eligible to request support from Alkermes. Such U.S. healthcare-related organizations include:

- non-profit and state sponsored medical schools, teaching hospitals and medical centers
- life science departments of universities
- healthcare-related organizations:
 - medical organizations, e.g., *American Society of Addiction Medicine (ASAM)*
 - nursing organizations, e.g., *American Nurses Association, American College of Nurse Practitioners*
 - pharmacy organizations, e.g., *American Association of Colleges of Pharmacy, American Foundation for Pharmaceutical Education*
 - healthcare organizations, e.g., *National Association of Alcoholism and Drug Abuse Counselors (NAADAC)*
 - consumer organizations, e.g., *National Council on Aging*
- non-teaching hospitals or local or community based healthcare-related organizations

Alkermes' grant funds may not be used to support overhead expenses of the applicant or of any other institution affiliated with the applicant.

II. ORGANIZATIONS/PROGRAMS NOT ELIGIBLE FOR SUPPORT

The following are not eligible for support:

- individuals
- political organizations, campaigns and activities
- fraternal/labor/veteran's organizations
- religious organizations or groups whose activities are primarily sectarian in purpose
- organizations that discriminate on the basis of race, color, sex, sexual orientation, religion, age, national origin, veteran's status, or disability
- except under certain limited circumstances, private foundations
 - A permitted exception may include, for example, a national private foundation providing or supporting broad education initiatives. An impermissible grant recipient may include, for example, a family- or physician-controlled private foundation.
- programs or proposals that supplement an organization's income or offset its expenses in a manner that benefits, directly or indirectly, a physician's compensation
- clinical research requests and proposals, as support for clinical research is provided under a different mechanism (Please contact Alkermes' Medical Department.)

III. AREAS OF INTEREST

The following areas are of interest to Alkermes:

- programs in alcohol dependence or opioid dependence and, in this context:
 - provision of healthcare education and healthcare services with emphasis on the areas below:
 - healthcare services to unserved or underserved populations (but not including dollar-for-dollar reimbursement for professional healthcare services)
 - medical, nursing, and pharmacy education in the areas of clinical practice, pharmaceutical care, pharmacoconomics, and managed care
 - lay education about health issues, such as disease prevention and treatment awareness
 - innovative approaches to healthcare
 - proposals which are national or regional in scope, are innovative and replicable, and can be sustained after the initial funding from the Grant Committee

IV. HOW TO SUBMIT AN APPLICATION FOR SUPPORT

The application and supporting documentation must be received by the Grant Committee at least **sixty (60) days prior to the date of the event or commitment date** in order to be considered for funding.

The application and supporting documentation should be sent to the Grant Committee by email to MedEd@Alkermes.com, by facsimile to (617) 812-5982, or by mail to:

Alkermes Grant Committee
c/o Alkermes Legal Department
Alkermes, Inc.
852 Winter Street
Waltham, MA 02451

Please submit the following:

1. Part I: Information (attached application for support)
2. Part II: Questions (answer questions using no more than 4 pages)
3. If applicable, IRS determination letter or other documentation affirming federal tax-exempt status

V. REVIEW PROCESS

Applications that do not conform to the required guidelines will not be considered and may be returned to the sender for modification. The Grant Committee will request additional information from the applicant, if necessary.

The Grant Committee meets periodically to consider applications for support. Following each meeting, applicants whose applications for support have been considered will be notified of the Grant Committee's decisions. The entire process may take several months. Please do not call regarding the status of an application. *Alkermes' sales representatives are excluded from this process and cannot assist in the timing or decision regarding an application for support.*

The level of funding provided, if any, varies depending on the resources available and the volume of proposals received.

Alkermes Application For Support

Part I: Information

Please provide all information requested on this form. Statements should be brief, concise and contain only pertinent information relating to the particular proposal.

Legal name of organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Federal tax ID #: _____ Federal tax-exempt organization? yes no

Web address: _____ Year founded: _____

Name and title of person submitting proposal¹: _____

Email: _____ Telephone: _____

Geographic area served: _____

Amount requested: \$ _____ Date(s) of Project(s)/Event(s): _____

Identify principal purpose of proposal (please select one):

- increasing patient access to healthcare services
- improving patient education
- improving physician education
- assisting qualified under/uninsured patients access to treatment and services

¹ Person should be an authorized representative of the organization requesting funding and should be prepared to respond to questions from, and provide additional information to, the Grant Committee. Upon request, person should be able to provide periodic progress reports to the Grant Committee.

Part II: Questions

On separate paper (no more than four pages please), please answer **all** of the following questions, **listing them numerically**. Applications without answers to all of the questions below will be returned to the applicant. Your answers to these questions will help us compare your request for support to the others that we receive.

1. Describe your organization and its mission, specifically its involvement with alcohol dependence or opioid dependence.
2. Describe the proposed medical education activity. Please provide the following information:
 - a) A statement of the unmet medical education need to be addressed through the activity
 - b) Description of the project for which you are requesting funding (include education-specific objectives (if any)) and how this project will address the medical education need
 - i. title and detailed agenda for the program or activity, including each speaker's name, affiliation and title of presentation (topic alone is insufficient)
 - ii. proposed date(s) and location(s) for the medical education activity
 - c) Description as to how the service will be provided (i.e., in-person meeting, webcast, teleconference, CD-ROM)
 - d) Listing of who the beneficiaries will be (if patient-focused, please indicate how many patients will be served annually). Please also specify how the general public will benefit from the project.
 - e) Any collaborative aspects of the project (i.e., other organizations with whom you may be working on this project, including any third party logistics or education providers who may be involved in the delivery of the program)
 - f) Any duplication of existing services
 - g) Criteria and tools used (if any) to evaluate or measure success or outcomes, and the form of evaluation data, if any, available to the sponsor of the medical education event/program
3. Describe the timeline for the project/plan with major milestones.
4. List the names and institutional affiliations of the project leader and principal participants. Attach curriculum vitae of project leader(s). If a private foundation or public charity, please include a list of the Board of Directors.
5. Describe amount of funding requested and, if any, other financial and/or other forms of support that other individuals and organizations are prepared to provide or commit to the project.
6. **Attach a detailed budget for the project**, broken down to reflect all costs, including:
 - a) Pass-through expenses (e.g., speaker and coordinator travel, meals, hotel, mailing, etc.)
 - b) Speaker fees, costs per person or organization

- c) If applicable, CME accreditation costs and fees (or statement that these are being waived or absorbed, if applicable)
 - d) Program development costs
 - e) Service provider fees (e.g., a meeting planner) and specific activities
7. Describe the existing firewalls and/or processes that will be used to ensure that the requested funds will not result in any personal benefit or financial gain to any individual, except as directed by the mission of your organization.
8. Describe any involvement or participation of an Alkermes director, officer or employee in your organization or the proposal.

_____ Date _____
Signature of Authorized Representative of Organization

Print Name

Print Title
