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| REVIEW GRANT - # | | | |
| Grant Type: |  |  |  |
|  |  |  |  |
| Date Submitted:: |  |  |  |
| : |  |  |  |
| Program Start Date |  |  |  |
|  |  |  |  |
| Budget Requested |  |  |  |
| APPLICANT INFORMATION | | | |
| Name: |  | Title: |  |
| E-Mail Address: |  | Are you a Medical Provider: |  |
| Phone Number: |  | Fax Number: |  |
| Mailing Address: |  |  |  |
| CE PROVIDER INFORMATION | | | |
| How would you best classify your organization: |  | | |
| Legal Name: |  | Tax ID Number: |  |
| Tax Status: |  | Country: |  |
| Mission Statement: |  | | |
| Name: |  | Title: |  |
| E-Mail Address: |  | Med Ed Partner Utilized: |  |
| Phone Number: |  | Fax Number: |  |
| Mailing Address: |  | Overnight Delivery Address: |  |

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| PROGRAM INFORMATION | | | |
| Therapeutic Area |  | Area of Interest: |  |
| I certify that no party to this grant is considered a commercial entity according to the ACCME. | | | |
| What type of Activity will you conduct: | | | |
| **Live** | | | |
| Conference(s) | | | |
| What applicable levels of Educational Outcome(s) that the activity(ies) will measure: | | | |
| Is this activity(ies) related to competencies of a professional study? | | | |
| Could this activity contribute to MOC credits? | | | |
| What method best describes your Activity: | | | |
| **Live – didactic sessions** | | | |
| Web-EX | | | |
| What is the venue for your Activity: | | | |
| Live | | | |
| Title of Activity | | | |
| Activity Overview | | | |

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| Learning Objectives | | | | | | |
| Evaluation Plan for Program | | | | | | |
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| Other information necessary for the complete review of the grant request | | | | | | |
| Accredited CE Program | |  | | | | |
| Accreditation Type Commendation | | | | # Hours | | |
| Planned Number of Speakers Live: | |  | |  | | |
| List of Speaker(s): | | | | | | |
| Name: | | | Academic Affiliation | | Area of Expertise | |
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| Expectations for speakers qualifications and affiliations (if speakers are not known) | | | | | | |
| Speakers Affiliated with the CE Provider |  | | | Will they receive a stipend: | |  |

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| LIVE PROGRAM DURATION AND DATES | | | | | | |
| First program will start on: |  | | | Last program will end on: | |  |
| # of Live programs supported by grant: |  | | | Duration of Each live portion: | |  |
| Total Duration |  | | | | | |
| Live Program Location(s): | | | | | | |
| City | | | State | | Date (mm/dd/yyyy) | |
|  | | |  | |  | |
| Other location information necessary for the complete review of this grant request: | | | | | | |
| AUDIENCE INFORMATION | | | | | | |
| Target Audience: | | | | | | |
| If other, please explain | | | | | | |
| Program open to audience beyond the institution’s employees: | | | |  | | |
| If no, please describe | | | | | | |
| Estimated Program Attendance: | |  | |  | | |
| List of method(s) to recruit participants to program | | | | | | |
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| TOTAL COST OF THE PROGRAM | | | | | | |
| Itemized Budget for Program: Please provide as much information as possible | | | | | | |

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| Expense Item | Comments/  *Range Recommendation* | | # of Units | Unit Type | Cost per Unit | Dollar Amount |
| Program Management | | | | | | |
| Account Management |  | |  |  |  |  |
| Activity(ies) Direction |  | |  |  |  |  |
| Meeting Planning |  | |  |  |  |  |
| Activity(ies) Logistics  Management/Coordination |  | |  |  |  |  |
| On-site Staffing |  | |  |  |  |  |
| Activity(ies) Advertising | | | | | | |
| Direct Mail (per piece) |  | |  |  |  |  |
| Email (per wave) |  | |  |  |  |  |
| Activity(ies) Production Services | | | | | | |
| Content Preparation/ Development |  | |  |  |  |  |
| Medical Direction |  | |  |  |  |  |
| Medical Writing |  | |  |  |  |  |
| Library Services |  | |  |  |  |  |
| Editorial/Proofreading |  | |  |  |  |  |
| Graphic Design | | | | | | |
| Design and Layout |  | |  |  |  |  |
| Other: Please explain |  | |  |  |  |  |
| Consultant Fees | | | | | | |
| Chair/Moderator Fees |  | |  |  |  |  |
| Speaker/Faculty Fees |  | |  |  |  |  |
| Direct Activity(ies) Expenses | | | | | | |
| Accreditation Fee | |  |  |  |  |  |
| Certificate Fee | |  |  |  |  |  |
| CME Reviewer Fee | |  |  |  |  |  |
| Association Fee | |  |  |  |  |  |
| Room Rental | |  |  |  |  |  |
| Invitation/Brochure Production | |  |  |  |  |  |
| Meeting Syllabus/ Activity(ies) Booklet | |  |  |  |  |  |
| Meeting Signage/ Directional Signs | |  |  |  |  |  |
| Tent Cards/Name Tags/ Badges |  | |  |  |  |  |
| Evaluation/Outcomes |  | |  |  |  |  |
| Other: Please explain |  | |  |  |  |  |

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| Logistics (Faculty) | | | | | |
| Airfare (Round-Trip Coach) |  |  |  |  |  |
| Lodging |  |  |  |  |  |
| Incidentals (Mileage, Tolls, etc.) |  |  |  |  |  |
| Ground Transportation |  |  |  |  |  |
| Faculty Dinner |  |  |  |  |  |
| Faculty Meals (Per person, including tax and gratuity) | | | | | |
| Breakfast |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Dinner |  |  |  |  |  |
| Breaks |  |  |  |  |  |
| Logistics (Provider/Facilitator) | | | | | |
| Airfare (Round-Trip Coad) |  |  |  |  |  |
| Lodging |  |  |  |  |  |
| Incidentals (Mileage, Tolls, etc.) |  |  |  |  |  |
| Ground Transportation |  |  |  |  |  |
| Provider/Facilitator Meals (Per person, including tax and gratuity) | | | | | |
| Breakfast |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Dinner |  |  |  |  |  |
| Breaks |  |  |  |  |  |
| Audio/Visual | | | | | |
| LCD Projector and Laptop Computer |  |  |  |  |  |
| Screen and Tripod |  |  |  |  |  |
| A/V Systems |  |  |  |  |  |
| A/V Staff (# hours, # people) |  |  |  |  |  |
| Audience Response System |  |  |  |  |  |
| Other: Please explain |  |  |  |  |  |
| Shipping/Postage | | | | | |
| Mailing List Fee |  |  |  |  |  |
| Invitation/Brochure (per piece) |  |  |  |  |  |
| Shipping/Handling Meeting Materials |  |  |  |  |  |
| Next Day Delivery Costs (per piece) |  |  |  |  |  |
| Telecommunications | | | | | |
| Telephone/Fax |  |  |  |  |  |
| Other: Please explain |  |  |  |  |  |
| Attendee Meals (Per person, including tax and gratuity) | | | | | |
| Breakfast |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Dinner |  |  |  |  |  |
| Reception (Prior to Dinner) |  |  |  |  |  |
| Breaks |  |  |  |  |  |
| Miscellaneous | | | | | |
| References |  |  |  |  |  |
| Photocopying Costs |  |  |  |  |  |
| Transcription Costs |  |  |  |  |  |
| Meeting Supplies (pens, paper, etc.) |  |  |  |  |  |
| Other: Please explain |  |  |  |  |  |
| Total Cost of the Program | | | |  | |
| Total Requested from Vericel | | | |  | |
| Cost per Person | | | |  | |
| Cost per Hour of Program | | | |  | |
| Total Number of Sponsors (including Vericel): | | | |  | |
| Other than receiving a grant card and/or being directed to the grant website, I confirm that no Sales or Marketing personnel were involved from Vericel in this grant submission: | | | |  | |

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| GRANT ACTIVITY | | | | |
| Grant Type:  Program Type: | | Spontaneous  Live | | |
| Status | Sub-Status | Changed Date | Changed By | Comments |
|  |  |  |  |  |
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| GRANT ATTACHMENT | | | |
| FileName | Uploaded By | Uploaded Date | Size |
|  | | | |

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| GRANT VERSIONS | | | | |
| Version | Status | Date Submitted | Budget | Comments |
|  |  |  |  |  |

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| GRANT COMMENTS - #45003 | | | |
| Activity Date | Comments | Submitted Date | Submitted By |
|  | | | |