

Instruction:

Educational Grant Request Form Submission

Process for submitting requests:

1. Save this document to your computer and name it: "LEG-Institution DDMMYY" -
(example: LEG-Arts Academy 06SEP22)
2. Fill out the form in its entirety.
3. Send the completed form to grants@leadiant.com
4. Leadiant' s Educational grant coordinator will confirm receipt of your submission.
5. The request will be reviewed for completeness by the Educational Grants coordinator to determine if there is a need for further information.
6. If, no additional information is needed, the request will be scheduled for review by Leadiant's Educational Grants Committee.
7. Send questions regarding the form to grants@leadiant.com

Educational Grant Request

Contact Information	
First name	
Last name	
Title	
Email address	
Phone number	
Fax number	

General Information			
Type of Program	Live	Virtual	Enduring
Start date of program			
End Date of last program			
CME/CE Accredited	Yes	No	
Therapeutic Area of interest			

Institution/CE Provider Information	
Name of Institution/CE provider (legal name)	
Tax ID number	
First name	
Last name	
Title	

Educational Grant Request



Email address	
Phone number	
Fax number	
Address	
	Address 1
	Address 2
	City
	State
	Zip Code

Medical Education Company Information		
Do you have a Medical Education Partner?	Yes	No
Name of Company		
Is payment to be made to the medical education partner?	Yes	No
First name		
Last name		
Title		
Email address		
Phone number		
Fax number		
Address	Address 1	
	Address 2	

Educational Grant Request



City	
State	
Zip Code	

Program Description

Title of Program

Overview

Educational needs assessment

Learning objectives

Program Agenda

Educational Grant Request



Faculty (list up to 5)

Faculty	Academic Affiliation

Live Program Location(s)

Venue and City	State	Program Date

Educational Grant Request



Intended Audience	
Bone Marrow Transplant (BMT)	Neuro Oncology (NON)
Critical Care Medicine (IM)	Neurology (N)
Hematology (HEM)	Ophthalmology
Hematology/Oncology (HO)	Other Specialty (OS)
Infectious Disease (ID)	Pediatric Hematology/Oncology (PHO)
Internal Medicine (IM)	Pediatric Infectious Diseases (PID)
Medical Oncology (MONC)	Solid Organ Transplant (SOT)
Metabolic Disease	Transplant Surgery (TTS)
Musculoskeletal Oncology (OMO)	
Nephrology	
Estimated total Program attendees	
This Program is open to all interested practitioners in this area.	

Budget Information	
Advertising	
Conference fees	
Course materials	
Content development and preparation	
Faculty honoraria	
Faculty travel:	
Program management	
Miscellaneous	

Additional Comments: (Please explain miscellaneous expenses in the comments box below).

Educational Grant Request



Payment Information	
Total cost of Program	
Total amount requested from Leadiant	
Are you expecting any additional sponsors for this program? If yes, how many?	
Amount payable to Institution/CE provider	
Amount payable to medical education company	