

I-FLOW CORPORATION EDUCATIONAL GRANT REQUEST INSTRUCTIONS

I-Flow Corporation (“I-Flow”) recognizes the importance of bona fide medical education and its impact on the advancement of medical science and the improvement of patient care. As a result, I-Flow may provide financial support for educational programs or activities in the form of educational grants. All grant requests will be reviewed by the Compliance Officer or his/her designee to ensure compliance with I-Flow programs and policies and applicable laws and regulations.

Organizations eligible to submit Educational Grant Requests include:

- Academic Institutions
- Medical Societies
- CME Providers
- Medical Educational Companies
- Hospitals and Healthcare Facilities
- Patient Advocacy Organizations
- Community-Based Organizations.

Note: I-Flow will not provide educational grants to individuals or private physician practices. I-Flow will not provide financial support for educational programs that are presented by organizations that have been excluded from participation in Medicare, Medicaid, or any other Federal Healthcare program.

Educational grants may be used to support bona fide educational programs such as healthcare professional education (CME and IME), grand rounds, patient advocacy and education, seminars, and interactive programs. The program sponsors shall remain responsible for and control the selection of program content, faculty, educational methods, materials and venues. Educational grants may not be used as an inducement to prescribe a particular item or service or course or treatment.

I-Flow’s support may be provided to the educational program sponsor to reduce legitimate program costs such as:

- Reduction by the sponsor of the overall registration fee for all participants,
- Support of modest meals and hospitality provided by the sponsor to all participants, and
- Support for reasonable honoraria, travel, lodging and meals for educational program faculty members.

Note: I-Flow’s support may not be used by educational program sponsors for payment for travel and lodging for non-faculty physicians attending the educational program.

Disclosure of I-Flow’s financial support must be made to program participants.

Organizations receiving educational grants from I-Flow must, upon request, provide a detailed accounting and documentation of the grant funds used to ensure compliance with I-Flow programs and policies and applicable laws and regulations.

Submission of a grant request does not guarantee that the request will be approved for funding by I-Flow. I-Flow will notify the requestor if I-Flow intends to approve a grant request in full or in part. The requestor will then be asked to complete a letter of agreement detailing the educational grant and will be asked to complete an IRS Form W-9 in the name of the organization receiving the educational grant. No funds will be provided until the letter of agreement and W-9 have been properly completed. In order to properly evaluate grant requests, requests should be submitted at least 30 days prior to the planned educational program.

Any arrangements for commercial exhibits or advertisements will not influence program planning or interfere with the educational presentation. Nor will such arrangements be a condition for the provision of commercial support for educational activities.

**I-FLOW CORPORATION
EDUCATIONAL GRANT REQUEST**

Requesting Organization: _____
Contact Name _____
Address _____
Telephone/Telefax _____
Email _____
Tax ID number _____

Title of Educational Program: _____

Date(s) of Educational Program: _____

Location(s) of Educational Program: _____

Purpose of Educational Program: _____

Outline of Educational Program/
Course Agenda: _____

Speaker List: _____

Expected Audience: _____

Cost of Educational Program: _____

Grant Amount Requested: _____

Intended Use of Grant Funds: _____

Accreditation of Requestor _____

Has Requesting Organization been excluded by Medicare, Medicaid, or any other Federal Healthcare program?
Yes___ No___

Is Requesting Organization a Charitable 501(c)(3) Entity? Yes___ No___

Available Exhibit/Display Opportunities? Yes___ No___

Cost of Exhibit/Display Space _____

Signature of Requestor: _____ Date: _____

-----To be completed by I-Flow-----
Determination of Grant Request: **Approved** ___ **Denied** ___ **Date** ___ **Initials** ___