

Educational Grant Application

Please complete **all** application contents below. This information is **REQUIRED** to process your application. Requests must be submitted to edgrants@nevro.com a minimum of 30 days prior to scheduled educational activity to allow a scientific, business and Health Care Compliance review.

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Grant Application Checklist:

ONLY COMPLETE APPLICATIONS WILL BE REVIEWED. SUBMISSION OF A REQUEST DOES NOT CONSTITUTE A GUARANTEE OF FUNDING. **A COMPLETE APPLICATION CONSISTS OF THE FOLLOWING:**

- SIGNED LETTER OF AGREEMENT FOR EDUCATIONAL GRANT FUNDING AND COMPLETED NEVRO GRANT REQUEST APPLICATION FORM

- STATEMENT OF ACCREDITATION (*ONLY FOR PROGRAMS PROVIDING CME/CE CREDIT*)-PROVIDE THE STATEMENT OF ACCREDITATION FROM THE ACCREDITING INSTITUTION TO ACKNOWLEDGE SUPPORT OF YOUR PROGRAM

- DETAILED PROGRAM BUDGET

- PROGRAM AGENDA / BROCHURE

- IF BASED IN THE USA, PROVIDE A CURRENT, SIGNED TAX ID FORM (IRS W-9) FOR THE INSTITUTION WHERE THE PAYMENT SHOULD BE MADE



Part I: Letter of Agreement for Educational Grant Funding

You must agree to the following terms and conditions to eligible for support:

Terms and Conditions

Statement of Purpose

The proposed support is for educational purposes only and not for promotion of Nevro Corp. (“Nevro”) products directly or indirectly.

Control of Content and Selection of Presenters and Moderators

The educational provider (“Provider”) is responsible for control of content and selection of presenters and moderators. Nevro agrees not to direct the content of the program. Nevro will respond only to Provider-initiated request for suggestion of presenters or sources of possible presenters. Provider will record the role of Nevro, or its agents, in suggesting presenter(s), will seek suggestions from other sources and will make selection of presenter(s) based on fair balance and independence.

Selection of Audience

Provider is responsible for selection of the audience for the program and Nevro agrees not to direct selection of the audience for the program.

Disclosures

Provider will ensure appropriate disclosure to the audience, at the time of the program, of (a) Nevro support, (b) any significant relationship between Provider and Nevro (e.g., grant recipient) or between individual speakers or moderators and Nevro, and (c) any relevant conflicts of interests between any parties involved in the program.

Ancillary Promotional Activities

There will be no promotional activities permitted in the same room or obligate path as Provider's activity and no product advertisements will be permitted in the program room.

Objectivity and Balance

Provider will make every effort to ensure that data regarding Nevro's products or competing products are selected objectively and presented with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments. And, Provider will ensure that the activity is focused on educational content and is free from influence or bias and that the title of the activity will fairly and accurately represent the scope of the presentation. Further, if a discussion of Nevro products is a substantial portion of the program, such discussion shall be limited to relevant regulatory agency-approved uses of such products.

Limitations of Data

Provider will ensure, to the extent possible, meaningful disclosure of limitations of data; e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.

Opportunities for Discussion

Provider will ensure that opportunity exists during the program for meaningful opportunities for questioning the scientific debate if applicable.



Dissemination of Information

Nevro will not disseminate information supporting its products which may have been presented at the educational activity, other than in response to an unsolicited request.

Independence of Sponsor in the Use of Contributed Funds

Provider agrees that:

1. Support will be in the form of an educational grant that will be payable to or provided directly to Provider.
2. All other support associated with the program (e.g., distributing brochures, preparing slides, etc.) must be given with the full knowledge of the Provider.
3. No other support from Nevro will be paid to the program director, faculty or others involved in the program (additional honoraria, extra social events, etc.).
4. If a Continuing Medical Education Event in the United States, the Provider shall not use the Support to pay for travel, lodging, honoraria, or personal expenses for attendees of the CME activity.
5. Nevro is committed to compliance with current laws and industry standards, including the Physician Payments Sunshine Act, which requires Nevro to report indirect payments or other transfers of value to physicians and other healthcare providers regardless of program accreditation.

Provider agrees:

1. To use the funds as stated in this educational grant request. Should Provider decide not to use the funds in the manner agreed upon, Provider will indicate so in writing and return the funds.
2. To provide access to documentation that indicates the use of the funds, should Nevro decide to include Provider in the scope of an audit.
3. That funding of this grant is in no way contingent upon or related to past, present or future business, payments or referrals for products or services.
4. If this is a product grant, it is understood and agreed that we will not bill third-party payers for product provided as part of this educational grant.
5. That full amount of grant may not be awarded and will accept partial funding.

Disclosure Pursuant to Laws:

The Parties acknowledge that certain laws now or in the future may require pharmaceutical, medical device and other companies to disclose information on compensation, gifts or other remuneration provided to physicians and other healthcare professionals. Nevro may report information about remuneration provided under this Agreement, as required by law. Once reported, such information may be publicly accessible.

Requesting Organization: _____

Authorized Signer: Signature: _____

Print: _____

Date: _____

Part II: Grant Request Application

Grant Requestor Information	
Today's Date	
Institution/Organization	
Institution/Organization Address	
Contact Name and Title	
Contact Phone	
Contact Email	
Payee Name	
Payee Mailing Address	
Product Delivery Address <i>(if applicable)</i>	

Accreditation Status	
Accreditation	<input type="checkbox"/> Accredited (Attach Statement of Accreditation if checked) <input type="checkbox"/> Non-Accredited
Institution Type	<input type="checkbox"/> CME/CE <input type="checkbox"/> Joint Sponsor <input type="checkbox"/> Other, please specify: _____
Course Accreditation <i>(please list)</i>	<input type="checkbox"/> ACCME <input type="checkbox"/> Other, please specify: _____

Summary of Grant Request Activity	
Title of Proposed Activity	
Activity Start Date	
Activity End Date	
Location of Activity <i>(City, State, Country, Venue)</i>	
Program Description <i>(include learning objectives, attached additional pages, if necessary)</i>	
Describe the need for this activity <i>(attach additional pages, if necessary)</i>	
Target Audience	
Number of Attendees or	

Participants Anticipated	
List of Potential Presenters	
Therapeutic Areas to be Discussed	
Are you requesting Nevro to be the sole supporter of this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered no to the above question, please specify additional sources of support.	
If relying on additional support, please clarify status of additional support (i.e., Confirmed, Pending confirmation, etc.)	
Are you requesting a grant on behalf government institution? (if Yes, list institution)	<input type="checkbox"/> Yes, _____ <input type="checkbox"/> No
Has additional request for exhibit/booth space been submitted? (if Yes, specify amount that will go towards exhibit/booth and FMV for the use of the exhibit/booth)	<input type="checkbox"/> Yes, Amount: _____ FMV: _____ <input type="checkbox"/> No

Select Currency:

Financial Request Information			
	Type	Quantity	Cost
Total Project Cost			
Financial request from Nevro			
Product request from Nevro			

Requesting organization certifies that the statements herein are true, complete, and accurate to the best of the requesting organization’s knowledge.

Authorized Signer: Signature: _____
 Print: _____
 Date: _____