

## Research Grant Application

Please complete **all** application contents below. This information is **REQUIRED** to process your application. Requests must be submitted to [iis@nevro.com](mailto:iis@nevro.com) a minimum of 30 days prior to the commencement of the project and research activities to allow a scientific, business and healthcare compliance review.

<b>Contents:</b>	<b>Page Numbers</b>
1. Grant Application Checklist.....	1
2. Part I: Letter of Agreement for Research Grant Funding.....	2-4
3. Part II: Grant Request Application.....	5-7

**Note:**

*Neuro gives all research grant requests a scientific, business and healthcare compliance review, which takes approximately 30 days from the submission date.*

**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 RESEARCH GRANT FUNDING AND COMPLETED NEVRO GRANT REQUEST APPLICATION FORM
- SYNOPSIS OF STUDY AND PROTOCOL
- COPY OF BLANK INFORMED CONSENT TEMPLATE AND CLINICAL TRIAL AGREEMENT
- ITEMIZED BUDGET FOR PROGRAM
- RELEVANT TAX DOCUMENTATION
- PROOF OF INSTITUTIONAL REVIEW BOARD APPROVAL, IF APPLICABLE

**Please submit completed requests to [iis@nevro.com](mailto:iis@nevro.com).**



## Part I: Letter of Agreement for Research Grant Funding

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

### Terms and Conditions

#### **Statement of Purpose**

The research grant funding is provided to support medical research only and not for the promotion of products or services supplied by Nevro Corp., or any of its subsidiaries, Nevro Medical Pty Ltd (AUS), Nevro Medical Ltd (UK), or Nevro Germany GmbH (collectively, "Nevro") whether directly or indirectly.

Grant funds will be in the form of a research grant that will be payable to or provided directly to Recipient.

Nevro shall not be obligated to give reasons for its decision to accept or reject a research grant application.

#### **Research**

The grant recipient ("Recipient") is independently responsible for the use of grant funding for the project and research activities, by reference to the objectives and milestones set out in the funding application. For the avoidance of doubt, the grant may be directed towards research involving Nevro- and/or non-Nevro products or therapies. Nevro will not participate in any decision on the part of the Recipient as to which individuals may benefit from the grant.

Recipient will disclose Nevro's grant funding to any third parties involved in the project and research activities, including any third-party investigators and beneficiaries and in the context of any related publications.

#### **Recipient agrees:**

1. To use the grant funds for the project and research activities, by reference to the objectives and milestones set out in the grant application. Should Recipient decide not to use the funds in accordance with the research grant application, Recipient will notify Nevro in writing as soon as it makes such decision and will return all funds that will not be used in accordance with this research grant application as soon as practicable.
2. To promptly provide Nevro or its agents or contractors, with access to documentation that accounts for the use of the grant funds should Nevro decide to include Recipient within the scope of an audit.
3. That any unused portion of the grant shall be returned to Nevro.
4. That funding of this grant is in no way contingent upon or related to past, present or future business, payments or referrals for Nevro products or services.
5. That the grant is provided at the absolute discretion of Nevro and that the full amount of grant requested may not be awarded. In such circumstances, the Recipient agrees to accept a partial grant.
7. To provide periodic reports to Nevro regarding the project and research activities, including by reference to the milestones set out in the grant application.

#### **Privacy Statement**

By requesting research grant support, Recipient consents to the collection, use and disclosure of personal information in accordance with this Privacy Statement. Recipient's name, address, email address and other personal information will be used by Nevro to consider the research grant application and to support the grant process. If Recipient does not provide all of the requested contact and personal information, Nevro may not be able to consider the research grant application.

If Recipient is requesting funding from one of Nevro's Austrian or European subsidiaries, Recipient consents to allowing Nevro's subsidiary to disclose Recipient's personal information to Nevro's parent corporate entity located in the United States the purposes outlined in this Privacy Statement. This may be to Nevro's related bodies corporate located in the United States and/or to third parties located in the United States or any other country where required by applicable laws, court orders, or government regulations.

Recipient has the right to access their personal information held by Nevro and the right to request corrections to such information, as appropriate. It is the Recipient's responsibility to ensure the accuracy of Recipient's personal information it provides to Nevro. Nevro is committed to protecting the security of Recipient's personal information. To this end, Nevro uses a variety of security technologies and procedures and takes reasonable steps to protect Recipient's personal information.

To the extent that Recipient has provided information about any individual as part of this research grant application, Recipient confirms that it has provided to the individual this Privacy Statement and details about the disclosure of their personal information to Nevro, and that the individual has consented to Nevro's use of their personal information on the same terms as set out above.

Nevro's Privacy Policy provides further information about how Recipient may access or correct their personal information. There is also information outlining complaints about a breach of local privacy laws and how Nevro will deal with such a complaint. Nevro's Privacy Policy can be found at <https://www.nevro.com/Privacy/> or mailed to Recipient upon request by contacting Nevro at any time at [iis@nevro.com](mailto:iis@nevro.com).

#### **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, other healthcare professionals, hospitals, research institutions and other healthcare organizations. Nevro may be legally required to report information about the grant provided under this application. Once reported, such information may be publicly accessible. By submitting this research grant application, Recipient consents to such reporting by Nevro.

#### **Recipient Warranties**

Recipient represents and warrants that:

1. it has read and understood the Terms and Conditions;
2. its acceptance of the grant and use of the grant funds is and will comply with all applicable laws and guidelines applicable to the Recipient;
3. this grant funding request is not conditional upon the purchase, use or recommendation of Nevro's products or services;
4. it has in place an appropriate process for impartially using or allocating the grant.
5. any payments to third parties using grant funds will be commensurate with the activities performed;



6. the grant will only be used for the project and research activities outlined in the grant application and for no other purpose;
7. it has disclosed all potential conflicts of interest to Nevro;
8. the statements in this application are true, complete, and accurate to the best of its knowledge.

Requesting Organization: \_\_\_\_\_

Authorized Signer:      Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

## Part II: Grant Request Application

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

Summary of Project and Research Activities	
Describe Project and Research Activities to be supported by the Grant	
Activity Start Date	
Activity End Date	
Location <i>(City, State, Country, Venue)</i>	
Describe the Scientific / Medical Objectives of the Project and Research Activities  <i>(include for example: rationale and need for the Project, therapeutic areas to be investigated, whether it will involve Nevro and/or third party products, potential beneficiaries. Attach additional pages, if necessary)</i>	
Describe the pre-defined Milestones for the Project / Research Activities  <i>(attach additional pages, if necessary)</i>	
Disclose any actual or	

<b>potential conflict(s) of interest</b>	
<b>Will Nevro be the only entity providing funding?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered 'No' to the above question, please specify additional sources of support and the amount of the support.</b>	
<b>If relying on additional support, please clarify status of additional support (i.e., Confirmed, Pending confirmation, etc.)</b>	
<b>Are you requesting a grant on behalf a government institution? (if Yes, identify institution)</b>	<input type="checkbox"/> Yes, _____ <input type="checkbox"/> No

**Specify Currency:**

Financial Request Information				
	Type	Quantity	Cost	Delivery Terms
<b>Financial amount requested from Nevro</b>				<i>[eg. upfront lump sum, regular instalments, etc..]</i>
<b>Product requested from Nevro</b>				

Authorized Signatory: Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_