

Independent Medical Education Grant Request Form

Request for support from UroGen Pharma for the following educational program:

Program Details

Program Name	Program Date(s)	Program Venue

Click to attach letter of request

Statement of Objectives

Statement of Educational Need (see page 5)

Target Audience(s)

Physicians Nurses Pharmacists Other _____

Expected number of participants

Is this activity expected to be presented more than once?

Yes No

Please provide rationale for repeat programs

Funding request: \$ _____

(please complete UroGen Grant Budget Request Form)

Will there be other supporters of this program?

Yes How many? _____ No

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Accreditation

Is this program certified for credit by the ACCME or another recognized accrediting body?

No

Yes

If yes, please provide information on the organization and attach the Accreditation statement for number of approved hours.

Name	Number of hours
Address	Category of credit

Click to attach accreditation statement

Requirements for UroGen Pharma Funding of Educational Grants (Funding Requires Agreement to All of the Following Criteria)

PROVIDER MUST INDICATE THAT THEY AGREE TO ALL OF THE FOLLOWING CRITERIA.

Criteria	YES
Statement of Purpose The proposed support is for educational purposes only and not for promotion of the company's products directly or indirectly.	
Control of Content and Selection of Presenters and Moderators The provider will be solely responsible for control of content and selection of presenters and moderators.	
Selection of Audience The provider is responsible for selection of the audience for the program.	
Disclosures The provider will ensure meaningful disclosure to the audience, at the time of the program, of (a) UroGen Pharma funding, and (b) any significant relationship between the provider and UroGen (e.g., grant recipient) or between individual speakers or moderators and UroGen	
Ancillary Promotional Activities There will be no promotional activities permitted in the same room or obligate path as the provider's activity, and no product advertisements will be permitted in the program room.	

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Requirements for UroGen Pharma Funding of Educational Grants (Funding Requires Agreement to All of the Following Criteria) (cont'd)

PROVIDER MUST INDICATE THAT THEY AGREE TO ALL OF THE FOLLOWING CRITERIA.

Criteria	YES
<p>Objectivity and Balance The provider will make every effort to ensure that data regarding UroGen Pharma 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. Additionally, the 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 fairly and accurately represents the scope of the presentation. Furthermore, if a discussion of UroGen Pharma products constitutes a substantial portion of the program, such discussion shall be limited to the FDA-approved uses of such products.</p>	
<p>Limitations of Data The provider will ensure, to the extent possible, meaningful disclosure of limitations on data (e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion).</p>	
<p>Opportunities for Discussion The provider will ensure that opportunity exists during the program for meaningful questions and scientific debate, if applicable.</p>	
<p>Independence of Sponsor in the Use of Contributed Funds Provider agrees that: (a) Funds will be in the form of an educational grant made payable to the provider. (b) All other support associated with the program (e.g., distributing brochures, preparing slides) must be given with the full knowledge of the provider. No other funds from UroGen Pharma will be paid to the program director, faculty or others involved in the program (e.g., additional honoraria, extra social events).</p>	
<p>Disclosures The provider agrees (1) to acknowledge educational support from UroGen Pharma in program brochures, syllabi, and other program materials, and (2) to furnish to UroGen Pharma a report concerning the expenditure of the funds provided (i.e., reconciliation will be provided after the activity).</p>	
<p>Reconciliation After the program, provider will agree to provide UroGen Pharma a report in the form provided that contains any payments and items of value provided to healthcare providers, including physician speaker payments, expenses, and funds provided to teaching institutions.</p>	
<p>Refund Provider agrees to refund any unused grant funds to UroGen Pharma after the program.</p>	
<p>Independent Medical Education (IME) Letter of Agreement For IME grants, provider agrees that any grant is subject to the terms of UroGen Pharma IME agreement that is a condition of payment of any grant award.</p>	

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PROVIDER MUST ANSWER ALL OF THE FOLLOWING QUESTIONS.

Is this grant related to any other grant that has been submitted to UroGen Pharma?

Yes No

If yes, please explain how:

What percentage of the recipient organization's total educational budget, including this grant request, has been received from UroGen Pharma during the current fiscal year?

Does this program have multiple supporters?

Yes No

If yes, please explain who:

Total amount of support from other supporters:

What is the percentage of total budget for this program requested from UroGen Pharma?

100% Other:

Program location (city, state, country)

Program venue (e.g., name of hotel)

Program language

English Other:

Will enduring program materials be created?

Yes No

If yes, please describe:

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PROVIDER MUST ANSWER ALL OF THE FOLLOWING QUESTIONS.

Exclusion List Verification: Does your organization appear on any of the following lists?	
Yes	No
(i) FDA Debarment List: http://www.fda.gov/ora/compliance_ref/debar/default.htm ; (ii) OIG Exclusion List: http://exclusions.oig.hhs.gov ; or (iii) Excluded Parties List: http://www.sam.gov	
Date sanctions lists checked:	
What amount of funding has this organization received from UroGen Pharma in the past 3 years?	
Is the applicant organization(s) a distinct legal entity with separate personnel from any entity performing sales and marketing activities for UroGen Pharma?	
Yes	No
If no, please explain:	

Have you attached the following documents?

Document	YES
Grant request letter on institutional letterhead stating grant is restricted to a specific educational purpose	
Needs Assessment summarizing justification for program*	
Program agenda or brochure (describing purpose, date, time, place, and event title)	
Detailed budget	
IRS W-9 Form	
Accreditation statement or certificate (if program certified for credit)	

*The following methods of materials can be used to justify the need for a program:

- Epidemiologic data
- A search of the current literature
- Consensus of experts in a particular field
- A patient care audit
- A sample survey interview of prospective participants
- Faculty experience in clinical services
- Morbidity and mortality
- Input from specialty societies
- Faculty consultations in the community
- Experiences as visiting professors to community hospitals

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Additional Information

Please use the space below to include any additional comments related to your application.

Payee Information

Institution	Primary
Address	Title

Requestor Information (if not the same as above)

Name	Title	Phone	Fax	Email
Institution	Address			

Certification

The above information and any other supporting information attached is, to the best of my knowledge, a complete and accurate description of my/our request for educational support from UroGen Pharma for this activity. I understand that if the request is approved, UroGen Pharma funding will be in the form of an educational grant and that my/our acceptance of the grant does not constitute a solicitation, receipt, offer, payment, or remuneration for: 1) referring business payable under Medicare or Medicaid; or, 2) purchasing or ordering products or services payable under Medicare or Medicaid.

Name	Title
Signature	Date

Please submit application materials via email to grants@urogen.com.

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FOR INTERNAL USE ONLY

Grant Amount Recommended

Program Type

Live

Enduring

Web-based

Multi-media

Other

Exclusion List Verification

Verify that organization does not appear on:

- (i) FDA Debarment List: http://www.fda.gov/ora/compliance_ref/debar/default.htm;
- (ii) OIG Exclusion List: <http://exclusions.oig.hhs.gov>; or
- (iii) Excluded Parties List: <http://www.sam.gov>

Date sanctions lists checked:

Verification: Are there proposed speakers or organizers that are currently UroGen Pharma employees or paid consultants?

Yes

No