

APAC Application for Charitable Product Donation

Arthrex may provide product donations for charitable purposes, such as supporting indigent care or in sponsorship of events where the proceeds are intended for other domestic or international humanitarian needs.

Donations shall be determined by the charitable objective and shall be made only to bona fide charitable organisations [not-for-profit institutions]. No direct funding will be made payable to an individual or health care professional (HCP). Arthrex does not fund capital projects.

Arthrex will not serve as the exporter of product donations to international destinations.

By submitting this application, Grant Requester agrees to inform its charitable organisations team and HCP to return any unused charitable donation products to a local Arthrex distributor in the country where the mission trip is granted. No charitable donation products shall be left at any medical facility or other location.

Charitable Grants may not be based on, or related to, past, present, or future volume of business generated for Arthrex by the proposed recipient. Any evidence that suggests that the request for a Charitable Grant is tied, in any way, to past, present, or future volume of business will cause the request to be rejected and the request may not be resubmitted.

To complete this request, the following information is needed:

- Organisation information including brief history, mission/ purpose statement, etc. via a website link or brochure.
- A list of your organisation's Board of Directors and Executive Officers (please attach).
- Proof of tax-deductible status (under applicable local tax legislation)
- Demonstrate fiscal and administrative stability by providing copies of at least the last 2 year's annual reports
- Disclosure: information related to any HCP-owned or-controlled organisation or any other known conflict of interest issues must be disclosed (if applicable, please attach).

Part 1: Recipient Information			
Charitable Grant Requestor (Legal name of organisation or institution):			
Tax Identification Number:		Organisation NPO# (if applicable):	
Street Address of Charitable Grant Requestor:		City, State:	Country, ZIP:
Phone:	Fax:	Email:	
Payee if Different From Recipient Above:			



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Part 2 : Program Details		
Title of Program/Event:		
Program/Event Description (attach additional information as needed):		
Purpose of Charitable Grant Funding (what the grant covers):		
Is this a one-time request? Yes No	Program/Event Start Date:	Program/Event End Date:
Intended Destination (country) for Charitable Donation: (Note: Arthrex will not provide a donation for an intended destination with an OFAC embargo.)		
Number and Type of Planned Surgeries:		
Type and Quantity of Product Requested: (Note: You must provide specific item names/item numbers if product donation is for international use due to Regulatory and Import/Export requirements.)		
Does requestor have experience with all requested products? Yes No		

Please click File > Save As to save the completed form to your computer. Once saved, please attach in an email with an excel spreadsheet of requested products, including total quantities, and AR (product) numbers. Please email this form and supporting documents to: APACgrants@arthrex.sg.

