



Eli Lilly Canada is committed to the improvement of patient care and healthcare delivery through the funding of unbiased and innovative educational initiatives that are independently created, designed, and implemented by external organizations. Under certain circumstances, we may fund a meeting, event, or initiative to support professional development, patient/caregiver education, healthcare delivery improvements or efforts to build awareness on a topic in which Lilly has a mutual interest.

APPLICATION PROCESS

Eli Lilly Canada follows a defined process to evaluate funding requests that helps us ensure that we respect appropriate internal and external guidelines and policies ^{1,2,3,4}. Your unsolicited request must be submitted at least 45 days prior to the start date of your event or the beginning of the project/activity.

Lilly does not evaluate or approve requests based on prescribing habits, drug reimbursement status or decisions, or any specific interactions or relationship that Lilly may have with the applicant. In reviewing your application, Lilly will consider many factors in determining which programs to support including, but not limited to, the scientific quality of the program, the educational need, impact on patient care, budget and audience reach.

We are committed to making the application process straightforward. In order for your funding request to be considered, your documentation must demonstrate that all of the following criteria are met:

- **Similar Opportunity to Sponsor:** The opportunity to sponsor the meeting, event or initiative is similarly available to other potential sponsors. Lilly cannot be the sole sponsor.
- **Transparent Cost:** All costs associated with the event are at fair value, reasonable, and clearly outlined in your request for support. A budget breakdown of various components must be submitted with your request.
- **Public disclosure:** All sponsors must be visually or verbally disclosed at the meeting, event or activity or clearly on enduring materials.
- **Meeting Description:** Details of the meeting or event such as the agenda, scientific program, and/or invitation are provided in advance of the meeting.
- **Payment Requirements:** Lilly's payment must be made directly to an organization or institution which must be a legitimate, legal entity. Payment cannot be made to an individual Healthcare Professional (HCP) or a close family member of a HCP. Eli Lilly may consider payment to a third party in situations where we are unable to pay the requesting organization.

Please discuss your event or project with your Lilly contact who can provide you with a unique link to our application portal where you will be able to apply online for funding.

AREAS OF FOCUS

Lilly prioritizes requests for support in the following areas of scientific and therapeutic interest:

Endocrine	Autoimmune	Oncology
Diabetes	Psoriasis	Gastric cancer
Pain	Psoriatic arthritis	Lung cancer
Migraine	Rheumatoid arthritis	Breast cancer
	Ankylosing spondylitis	Thyroid cancer
		Diagnostics

GENERAL INFORMATION AND ELIGIBILITY

Eligible Activities

As a commitment to improving patient care and providing education and information to the medical and broader healthcare community, Lilly will accept requests for:

- Healthcare professional education
- Patient advocacy and consumer education programs (e.g. disease-state education and awareness, screenings, etc.)
- Support for the development of enduring materials that educate or build awareness on topics of mutual interest

Supported meetings, events or activities must be organized and controlled by the independent third party organizer, support the continuing professional development and education of the healthcare community and have the potential to improve patient care or health care delivery. Lilly also considers the funding of independently organized meetings or activities involving non-healthcare professionals where the program or output is focused on building disease awareness, patient/caregiver education, healthcare delivery improvements or healthcare policy.

Eligible Organizations

Groups eligible for funding include:

- Scientific or professional organizations
- Professional medical, pharmacy and nursing societies
- Patient advocacy groups, patient-centered organizations
- University Faculties
- Integrated Health Networks and Health Authorities
- Hospital departments or divisions
- Industry associations

Groups **not** eligible for funding

- Organizations owned by an individual HCP

Eligible Venues

The venue and format must be conducive to an effective and efficient meeting. Lilly will not support meetings or events held at 5-star venues or venues that might give the impression that the professional education or exchange is secondary or incidental to the other activities associated with the location (eg. resorts, spas, golf courses, casinos). Lilly will not fund meetings where there are lengthy breaks in the agenda for leisure activities such as skiing or golf.

BUDGET GUIDELINES

A budget is required for each request and should detail the intended use of the requested funds. The budget must demonstrate that the costs represent fair market value for the program activities outlined. The funding may only be used to cover expenses relating to the specific event and may not be used to support other initiatives of the organization. If your request includes funding of other aspects of the organization's mission, please speak to your Lilly contact before applying.

A program budget reconciliation and description of program outcomes may be requested by Lilly after the event.

Generally, Lilly will consider funding the following types of expenses:

- Educational content development
- Honoraria for medical or scientific faculty
- Speaker travel(economy), reasonable expenses for lodging and meals for speakers
- Room rental and/or audiovisual equipment rental related to the educational portion of the program
- Modest meals or refreshments for participants
- Cost of accreditation
- Meeting-related expenses (must be detailed in budget)

Lilly will **not** fund activities such as, but not limited to, the following:

- Entertainment or social events (eg. gala evenings, comedy nights, DJs)
- Gifts for faculty, organizers or participants
- Awards
- Program registration fees for participants
- Travel or expenses for participants
- Any food or activities for non-participants (spouses, children, guests)
- Salaries and benefits
- Capital operating expenses such as office equipment, furniture, Infrastructure or facilities modifications

USING LILLY'S FUNDING APPLICATION PORTAL

- Your Lilly contact can provide you with a unique link allowing you to access Lilly's online Funding Application Portal
- Follow the link in your email, consult the Funding Application Guide and then click on 'Begin a New Application'
- Immediately **SAVE** your username and password. We are not able to help you retrieve a partially completed application without this information
- Complete all required questions on the application form
- Save your work regularly
- You will need to attach:
 - A formal Letter of request or prospectus (on your organization's letterhead)
 - Your meeting, event or project budget
 - Your meeting agenda
- Review and save a copy of your application and Click 'Submit Request'
- The efficiency of the process is dictated in part by the information supplied and the supporting documentation attached. Please make sure the information is accurate, consistent, and up to date before submitting in order to avoid any delays.
- If you experience technical difficulties with your application, contact grants@benevity.com
- If you have questions about your submission, speak to your Lilly contact or LLY_Canada_Funding@lilly.com

FUNDING APPROVALS AND DISCLOSURES

Each request is evaluated on its individual merit relative to the other requests Lilly receives. Please do not consider any request approved nor acknowledge Lilly until you have received written documentation from Lilly notifying you of approval.

In the event your application meets all criteria and is approved, it is important to understand that:

- A Letter of Agreement between your organization and Eli Lilly is required and once signed, will bind you and Lilly to certain requirements
- You will be required to disclose Lilly's support at the event or on the output(s) of your initiative
- Lilly may, at its discretion, disclose its support of your organization on its website
- Lilly will abide by all Transfer of Value legislation

REFERENCES

1. Canadian Medical Association Guidelines for Physicians in Interactions with Industry [LINK](#)
2. Canadian Consensus Framework for Ethical Collaboration [LINK](#)
3. Innovative Medicines Canada Code of Ethical Practices [LINK](#)
4. National Standard for Support of Accredited CPD Activities [LINK](#)

APPENDIX

Sample Budget

ANNUAL SCIENTIFIC DAY			
REVENUES			
Registration Revenue			
Early registration	25	\$100.00	\$2,500.00
Late registration	10	\$150.00	\$1,500.00
Support Revenue			
Gold	2	\$10,000.00	\$20,000.00
Silver	2	\$5,000.00	\$10,000.00
Bronze	3	\$2,500.00	\$7,500.00
Total			\$41,500.00
EXPENSES			
Logistics			
Room rental			\$12,000.00
Catering - food and beverage	35 X \$200		\$7,000.00
Audio visual			\$1,880.00
Management Fees			
Event management fees			\$5,000.00
Accreditation fees	CFPC		\$3,000.00
Faculty			
Speaker Honoraria	6 X \$800		\$4,800.00
Speaker Travel	4 X \$500		\$2,000.00
Accommodation	3 X \$500		\$1,500.00
Advertising and Promotion			
Printing			\$900.00
Signage			\$400.00
Website/registration portal			\$1,250.00
Other			
Decorations			\$200.00
Total			\$39,930.00

SAMPLE INDEPENDENT MEETING/ACTIVITY APPLICATION QUESTIONS

(To be completed online)

ORGANIZATION PROFILE

Name of requesting organization: Enter organization name

Address: Enter address

Phone: Enter phone number

City: Enter City

Province: Enter province

Postal Code: Enter postal code

Should this request be approved, please provide the exact name and address to which payment should be made: Enter payment information

Organization website: Enter URL

Organization type: Choose organization type

If organization is 'other', please describe: Enter other organization type

GST/HST #: Enter GST/HST #

Business ID#: Enter 9 digit business ID#

QST #: Enter QST #

Is your organization owned by one or more Healthcare Professionals (HCPs)? YES NO

Meeting/project start date: Click to enter date.

Meeting/project end date: Click to enter date.

*Note: Payment must be made to an organization and cannot be made to an individual HCP or group of HCPs. Please speak to your Lilly contact if your organization is a for-profit HCP owned organization.***CONTACT INFORMATION**Are you the primary contact person for this request? YES NO **Primary Contact Information**

First Name:

Last Name

Title:

Phone: Enter phone number

Mobile: Enter phone number

Email address (required)

Applicant's Contact Information

First Name:

Last Name

Title:

Phone: Enter phone number

Mobile: Enter phone number

Email address (required)

REQUEST DETAILS

Meeting/Event or project name:

Project description: Please briefly describe your event or project

Who will benefit from this project and Lilly's support?

Number of anticipated attendees: # of attendees

Disease state: Enter disease state or therapeutic area

Meeting/event start date: Start date

Meeting/event end date: End date

SAMPLE INDEPENDENT MEETING/ACTIVITY APPLICATION QUESTIONS
(To be completed online)

REQUIRED DOCUMENTATION

To facilitate Lilly's review of your application please attach the following **required** supporting documentation

1. Letter of request/prospectus(must be on association stationery)

2. Meeting/event/project budget

3. Meeting/event agenda(required if a meeting, conference or congress)

*The professional education or exchange must be the primary focus of the meeting. Eli Lilly is unable to support programs with lengthy breaks for leisure activities

Do you have any other documents you wish to attach?

Total funds required for project: \$ Enter amount Amount requested from Lilly: \$ Enter amount

Is any portion of this funding intended to fund other activities of the requesting organization?

YES NO

If yes, please describe: [Click here to enter text.](#)

Are you seeking funding from other commercial supporters: YES NO

*The opportunity to sponsor the meeting or event must be similarly available to other potential sponsors.

Please list names of other potential supporters:

VENUE INFORMATION

Venue name:

Venue address:

**Eli Lilly is not able to support meetings or events at venues that might give the impression that the professional education or exchange is secondary or incidental to the other activities associated with the location (i.e. spas, golf courses, casinos)*

ACKNOWLEDGEMNT

Please describe how will you acknowledge the support received from Lilly? (eg. in print, on screen, signage, verbally, other)

Is a display/booth offered as part of the sponsorship? YES NO

How many Lilly representatives will be permitted to attend?

SIGNATURE

If funding is approved, for the purposes of transparency, I agree that Eli Lilly Canada will have the right to disclose, on its website, that Eli Lilly has funded your activity

I declare that the information in this form is true, correct and complete to the best of my knowledge.

