



GRANT REQUEST FORM

SECTION I: GENERAL INFORMATION

Type of Submission (please select one)

Date of Request

- Research Grant
- Educational Grant
- Charitable Contribution
- Sponsorship/Meetings

Name of Requestor

Address

City

State

Zip

Telephone

Email Address

Institution or Affiliation of Requestor

Taxpayer Identification Number of Institution

SECTION II: AMOUNT REQUESTED

\$

Requesting Free Product for Study?

Amount Requested

- Yes
- No
- N/A

If yes, identify the product and amount requested below.

Product Name

Amount Requested

NO GRANT, CHARITABLE CONTRIBUTION OR SPONSORSHIP WILL BE MADE FOR THE PURPOSE OF INFLUENCING ANY PRACTITIONER'S OR INSTITUTION'S PURCHASING DECISIONS IN FAVOR OF RA MEDICAL SYSTEMS' PRODUCTS.

SECTION III: RESEARCH GRANT DOCUMENTATION REQUIREMENT

1. A study proposal. The proposal should describe the size of the study, the endpoints, the study design, and how the study will add to existing knowledge about the product;
2. The names of the principal investigator and any sub-investigators;
3. A budget for the study, with a description of how the requested grant will be used in the study; and
4. The study protocol. If the protocol is not yet available, please forward it as soon as it is completed.

SECTION IV: EDUCATION PROGRAMS

PLEASE PROVIDE THE DOCUMENTATION ACCORDING TO THE TYPE OF EDUCATION PROGRAM.

Patient Education Grant

1. A summary description of the project to be funded, including how the project will benefit patient care, knowledge, or other public health objectives.
2. The total budget for the project, and how the requested funding will be used.
3. If draft educational materials are available, please attach copies.

Third Party Educational Grant

1. The name, address, and federal tax identification number of the program provider;
2. The title of the program, topics to be covered and copy of the proposed agenda;
3. The proposed date and location;
4. The names of faculty, if known and proposed audience and anticipated number of attendees;
5. Whether the program will be accredited by the ACCME or another accrediting organization;
6. An explanation of how the proposed educational program is consistent with Ra Medical's mission or with diagnostic, treatment, or disease areas of interest to Ra Medical; and
7. A detailed budget showing how the grant funds, if approved, will be spent.

SECTION V: CHARITABLE CONTRIBUTION

CHARITABLE CONTRIBUTIONS WILL ONLY BE MADE TO TAX-EXEMPT PROFESSIONALS OR PATIENT ORGANIZATIONS.

1. Letter explaining the charitable nature of the organization or the purpose for which the contribution will be used. The letter must also state the organization is tax-exempt.

SECTION VI: SPONSORSHIPS/MEETINGS

RA MEDICAL MAY PROVIDE GRANTS TO SUPPORT MEETINGS, SEMINARS, CONFERENCES, AND OTHER PROGRAMS DESIGNED TO COMMUNICATE CURRENT HEALTH CARE INFORMATION TO PRACTITIONERS AND PROMOTE SCIENTIFIC INTERCHANGE.

1. A written request must contain a description of the program and include the following information:
 - a. The title and topics to be covered;
 - b. The proposed date and location;
 - c. The names of faculty, if known;
 - d. The anticipated number of attendees;
 - e. Whether the program will be accredited by the ACCME or another accrediting organization; and
 - f. A copy of the proposed agenda, if available.

Please submit this form with the required documentation to:

Ra Medical Systems, Inc.
Grant Committee
2070 Las Palmas Drive
Carlsbad, CA 92011
Email: GrantCommittee@ramed.com