EDUCATION GRANTS & CHARITABLE DONATIONS APPLICATION FORM

AVITA Medical provides support to institutions and organizations that are looking for ways to better serve patients and healthcare providers through educational grants and charitable donations.

In order for your Education Grant or Donation to be considered, please complete and submit the application form 60 days prior to the start of the event or project to be considered. Additionally, please provide a detailed budget itemizing allocation of funds as well as any corresponding materials describing the event.

Completed Application Form and additional Items to be submitted:

- ☐Summary description of event, donation, or research
- ☐Description of how objectives will be met
- ☐Accreditation Statement if event provided by accredited CME provider
- ☐Agenda (if not available, please submit topics and titles)
- ☐Protocol (if applicable)
- ☐Detailed budget showing the total program
- ☐Itemized budget or other breakdown describing the proposed use of grant or donation
- ☐Supporting Documentation (e.g., Program Brochure, Invitation, etc.)
- ☐W9 form for non-profit organization
- ☐Information of other grants, consulting arrangements, or other similar financial arrangements with the Company involving the Principals or entity

The completed application should be returned to Grantsdonation@avitamedical.com

Please note that there is no guarantee that your request will be granted.
All requests must meet institutional, local, and national requirements.

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Type of Request	**□ Education Grant for healthcare education, scholarship/fellowship, medical equipment, or public education**	**□ Donation**
Have you received or applied for other grants from AVITA within the last 12 months? **Yes ☐ No ☐**	**If yes, please provide details:**	
Institution or Organization Requesting Grant or Donation		
Institution or Organization Tax ID #:		
Requesting Individual at Institution or Organization		
Department Title		
Address		
Email		
Telephone		
Does requesting institution, or any company affiliated with requesting institution, provide goods or services to AVITA Medical?	**Yes □ No □** If yes, please provide details below (or use a separate sheet if necessary).	

Purpose of Request: *Please provide a detailed description of how grant or donation will be used.*	**For Education Grants:** **Please provide details below (or use a separate sheet if necessary).** 1. Title of event 2. Educational objective and planned evaluation methods 3. Dates, location, venue 4. Unmet medical education need addressed by proposed event

	5. Disease state of interest 6. Description of expected attendees or target audience 7. Estimated number of attendees 8. Total program/enduring material cost $_____ and amount requested from AVITA Medical $_____ 9. Does the program provide continuing medical education credit? **Yes** □ **No** □ If so, provide # of CMEs _____; # of CNEs _____ Please provide accredited provider information

	For Donation: **Please provide details of materials requested and rationale for request below (or use a separate sheet if necessary).**
Requested amount or items to be provided or donated	

Please remember to attach supporting documentation as stated above.

Compliance Commitment:

AVITA Medical is committed to compliance with all applicable federal, state, and local medical device industry laws, regulations and guidelines, including the ACCME Standards for Commercial Support, FDA's Final Guidance on Industry-Supported Scientific and Educational Activities and AdvaMed Guidance Documents. By submitting this grant and donation application, the requesting institution represents that it is committed to act in accordance with the above in the event that AVITA Medical decides to fund the requested grant. Submission of this grant and donation application does not constitute or represent a funding commitment by AVITA Medical; rather such funding decision is subject to AVITA Medical's internal approval of the subject grant and donation proposal, which may be approved, deferred, or denied in AVITA Medical's sole and absolute discretion. If approved, AVITA Medical's provision to requesting institution of grant or donation funds will constitute its sole funding commitment for this grant and donation application.

I hereby certify that the information provided in this application is complete, accurate and correct. I agree to act in accordance with the Compliance Commitment outlined herein.

Signature: _____ Date: _____

Print Name: _____ Title: _____

FOR AVITA INTERNAL USE:
Received By: **Date Received:**