



Grant Overview and Directions to Complete Application

Hyperion Therapeutics supports continuing medical education for the benefit of healthcare professionals and their patients by sponsoring research and educational opportunities through grants. Grants and donations enhance the quality of patient care, awareness regarding a certain disease in the community, and provide support for person(s) with a specific disease. These grants and donations may not be used to influence a healthcare professional's prescribing habits or the recipient's purchasing or prescribing practices.

Hyperion's policy of providing financial assistance through grants is based upon the FDA criteria for independence and guidelines of the American Medical Association, Pharmaceutical Research and Manufacturers Association, and the Accreditation Council for Continuing Medical Education pertaining to industry support of conferences and gifts. The following types of grant requests will not be considered (this list is not all-inclusive):

- Support or payments made directly to individuals;
- Travel or registration fee/expense assistance from Hyperion to attend educational programs;
- Ordinary operating expenses of a qualified recipient;
- Building or construction funding;
- Religious organizations;
- Political organizations or lobbying activity;
- Labor unions;
- Fraternal, service, or veteran's organizations; and
- Entertainment (e.g., class reunions, recognition / retirement dinners, etc.)
- Organizations that discriminate based on the basis of race, color, creed, sex, national origin, sexual orientation, age, or veteran or disability status.

Please note that each grant is evaluated on its individual merit relative to other grant requests. Please do not consider any request approved until you have received written documentation from Hyperion Therapeutics' Grant Review committee approving your grant request.

Please follow these directions when completing your application:

1. Please complete the form on page 1 in its entirety to include completion of Section V with a signature and date.
2. Fax page this document and the **required documents** listed in Section III to Hyperion Therapeutics at 1-650-745-2789.
3. Please allow 4-6 weeks for the Hyperion Grant committee to review your grant application.
4. For further information, please direct any inquiries on the status of your application to grants@hyperiontx.com



Grant Request Application

I. Name of Requesting Institution:			
Address 1:		Primary Contact:	
Address 2:	City:	State:	Zip Code:
Telephone:	Fax:	Email:	
II. Grant request information			
Type of funding (check one):		Amount Requested: \$	
<input type="checkbox"/> Professional Education: <input type="checkbox"/> Accredited* <input type="checkbox"/> Non-Accredited		Target Audience	Medium Used
<input type="checkbox"/> Patient Education		<input type="checkbox"/> Physicians	<input type="checkbox"/> Live
<input type="checkbox"/> General program/association support		<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Teleconference
<input type="checkbox"/> Scholarship		<input type="checkbox"/> Nurses	<input type="checkbox"/> Web cast
<input type="checkbox"/> Charitable contribution: Tax Exempt Status:		<input type="checkbox"/> Patients	<input type="checkbox"/> CDROM
<input type="checkbox"/> Exhibit/display Fee	<input type="checkbox"/> Sponsorship	No. Attendees:	
*Accreditation Provider (must be provided for CE accredited programs)			
Name of Institution:		Primary Contact:	
Address:			
City:	State:	Zip Code:	Telephone:
Category of Credit:		Credit Hours:	
Title of Program:			
Date of Program/Event (if applicable):		Location of Program/Event:	
Provide number/names of other program supporters:			
Program/Event Description (<i>Provide a summary of the program/event or project. Include program/learning objectives and educational/community need. If an educational event, names of faculty</i>):			
III. Required Attachments			
<input type="checkbox"/> Course Outline/Agenda and/or Brochure		<input type="checkbox"/> Proposed Itemized Budget	
<input type="checkbox"/> Complete W-9 Form		<input type="checkbox"/> Letter from Accredited Provider (<i>certifying accreditation</i>)	
IV. Payment information (<input type="checkbox"/> check if address is different from Section I)		Tax I.D. #:	W-9 must be attached
Check Payable To:		Contact:	
Address 1:	City:	State:	Zip code:
Address 2:	Tel:	Fax:	Email:
V. Certification of requesting organization			
On behalf of myself and/or the requesting institution, I hereby certify that 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 support from Hyperion therapeutics for this activity. I understand that if the request is approved, Hyperion's funding will be in the form of a grant and/or charitable contribution and hereby certify 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; 2) purchasing or ordering products or services payable under Medicare or Medicaid; 3) prescribing, recommending, or changing the formulary status of any Hyperion product; or 4) influencing any of the foregoing.			
Print name/title of authorized person:		Signature/date:	