



SAREPTA  
THERAPEUTICS

## GRANT AND SPONSORSHIP APPLICATION PORTAL INSTRUCTION MANUAL

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### **List of Documents & Information Needed for Submission:**

- At Registration:
  - Identifier Number (your unique identifier code for your organization, typically a tax number or other registrant number provided by the government. Examples include TIN, VAT, BRN, etc.)
  - Tax Form or other official documentation from your government recognizing your organization is registered in your country
- For Applications:
  - Signed Letter of Request on requesting organization’s letterhead
  - Proposal and/or Needs Assessment
  - Total program budget and organization’s annual budget amounts
  - Wire instructions (outside the US) or mailing address for checks (United States)
  - Detailed Budget (for grants only – fellowship, medical education or other grant)
  - Sponsorship Levels & Benefits Package (if a sponsorship)
  - Event/Program details
  - For Fellowships:
    - Detailed fellowship program description, criteria used for fellow selection and clinic types and locations that fellow could work in
    - Uploads: Program details, cover letter and CVs of the primary faculty mentors (2 required)
  - For Medical Education:
    - If an accredited program, accreditation certificate is required to upload
    - Intended audience for program (and healthcare providers’ specialty/specialties)
    - Number of credits program can earn for healthcare provider (if applicable)



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### **STEPS:**

1. Visit our website: <https://www.sarepta.com/grants-and-sponsorships>
2. Read through the funding priorities listed and decide if you would like to submit a grant/sponsorship or fellowship request.
3. Click on the "Click Here to Apply" button to be taken to the application portal



4. When the portal Home page appears, click on Register.



Help   FAQ   Privacy Policy   Preferred Language  
English ▾

Email Address   Password

Forgot your password?   Sign In   Register



This site allows you to submit a proposal(s) seeking support for Medical Educational and Fellowship Grants, Charitable Grants, Donations and Sponsorship Requests.

Please note that all requests must be submitted at least sixty (60) business days prior to the date you require a decision or a minimum of 60-days prior to your program start date.

When submitting a request, you will be guided through the electronic submission process through instructions and help options. Please make sure that you complete each required field designated by an asterisk (\*). Should we need additional information, we will notify you via an email sent to the address you provided upon registration.

We will review all requests. Please note that submission of a request does not indicate that we have agreed to provide support. Support decisions are made only after the Review Committee has reviewed your complete request. You will be notified of the decision via an email sent to the address you provided upon registration.



This site is intended to be used for submitting requests for support of:

**Medical Education Requests:** Support awarded to an institution, professional organization, foundation, or accredited provider for a specific scientific or educational program designed to educate HCPs, patients, caregivers, payers and other stakeholders within Sarepta's areas of therapeutic interest.

**Fellowship Requests:** Support awarded to an institution to support their Neuromuscular Fellowship Program for Physicians and/or Genetic Counselors. At this time, Sarepta is only accepting applications from



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

5. First, you'll be asked to search for your organization. The only thing required to search by is Country. To refine the search, you can also search by 'Organization Name', Tax Identifier Number, etc.
  - a. **If your organization is already in the system**, click on it and you can create your own account. All accounts made by one organization will be tied, so all requests made by anyone in your organization are visible to you.
  - b. **If your organization is not in our system**, Click "Add a New Organization" in the bottom right (see red arrow in screenshot below) and follow the instructions on the following screens to fill out the necessary information. You will be asked to upload a W-9, W-8 BENE or other government document stating your organization's tax or legal status. Don't hesitate to reach out to us at [grantsandsponsorships@sarepta.com](mailto:grantsandsponsorships@sarepta.com), if you have any questions about this section.

Please search for your organization below. If your organization has not been registered within the system, please add it.

Organization Information | Organization Address | User Information | Compliance Commitment

Instructions:  
Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us.

\* Country: United States of America

Identifier Type: [Dropdown]

Identifier Value: [Text Box]

Organization Legal Name: duchenne

Search

Results

Organization Legal Name	Address Line 1	Country	City	State/Province/Region	Postal Code	Select
CureDuchenne	1400 Quail St Suite 110	United States of America	Newport Beach	CA	92660	<input type="radio"/>
Coalition Duchenne/Duchenne Without Borders	1300 Quail Street, Suite 100	United States of America	Newport Beach	CA	92660	<input type="radio"/>
Center For Duchenne Muscular Dystrophy at UCLA	615 Charles E. Young Drive South	United States of America	Los Angeles	CA	90095	<input type="radio"/>
The Center For Duchenne Muscular Dystrophy at UCLA	615 Charles E Young Drive South	United States of America	Los Angeles	CA	90095	<input type="radio"/>

1

Add a New Organization



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

- After registering/confirming your organization and creating your own log-in credentials, you will arrive at your inbox/the home screen. To submit a request for funding, click on "Submit New Request"

**Submitting a Request**

When submitting a request, you will be guided through the electronic submission process through instructions and help options. Please make sure that you complete each required field designated by an asterisk (\*). Should Sarepta need additional information, we will notify you via an email sent to the address you provided upon registration.

Sarepta will review all requests. Please note that submission of a request does not indicate that Sarepta has agreed to provide support. Support decisions are made only after the Sarepta Review Committee has reviewed your complete request. You will be notified of the decision via an email sent to the address you provided upon registration.

**Reviewing Request Status**

In your "inbox" below, you can view the status of all requests, if any, submitted to date. The status of each application is updated regularly as the status changes. By clicking on the "?" icon next to the status bar you can find further clarification on the status definition.

[Submit New Request](#)

**Med-Ed & Fellowships Inbox**

Request ID	Status	Program Title	Start Date	Action Required	Outcomes	View/Print Agreement
------------	--------	---------------	------------	-----------------	----------	----------------------

- From there, you can read through the differences between Medical Education Grants, Fellowship Grants, Grants/Donations or Sponsorships and select which one to apply for:

**Medical Education Grants**

See Appendix A for application screenshots

Request Type Selection	
<b>Medical Education Grants</b>	<p><b>Medical Education (MedEd) Grants:</b> Support for clinical, technical, and scientific education programs or activities focused on certain therapeutic, including grants to support funding for educational conferences, seminars, meetings, other live events, and presentations in other formats such as Internet-based presentations and publications. Examples of MedEd opportunities can be found below. Requests for MedEd Grants are reviewed on a rolling basis throughout the year; the committee meets monthly to review.</p> <p>Examples of Medical Education Requests include, but are not limited to:</p> <ul style="list-style-type: none"> <li><b>Accredited Continuing Education:</b> Educational programs for healthcare providers such as physicians, nurses, and/or pharmacists that provide continuing education credits.</li> <li><b>Non-Accredited Professional Educational Activities:</b> Educational programs for healthcare providers such as physicians, nurses, and pharmacists that do not provide continuing education credits.</li> <li><b>Patient Education:</b> Printed/online educational materials produced for people living with a particular disease or condition.</li> </ul> <p>Sarepta does not provide unrestricted educational grants, as its grant funds are intended to be used for the purpose defined within the original request.</p>
<b>Fellowship</b>	<p><b>Fellowships:</b> Sarepta promotes education and training for physicians and genetic counselors through support of neuromuscular fellowship programs. Institutions can submit requests, which are reviewed once a year after the application window has closed.</p>
<b>Grants &amp; Donations</b>	<p>Sarepta is committed to supporting organizations and programs that focus on rare diseases. Sarepta provides grant funding for programs that enable education, address unmet needs of patients, promote the highest standards of care, raise awareness of ongoing research, or focus on other critical community initiatives.</p> <p><b>Grants &amp; Donations</b> is funding or goods provided by Sarepta upon request to provide community support or disease state awareness for the communities and therapeutic areas Sarepta serves. A Grants &amp; Donations is philanthropic in nature and provided by Sarepta for bona fide charitable purposes in furtherance of the public good, with no expectation of benefit to the company. A Grants &amp; Donations does not promote Sarepta Products, and Sarepta must not receive a benefit in exchange for Grants &amp; Donations, except in those cases where the benefit is unintended and incidental.</p>
<b>Sponsorships</b>	<p>Sarepta sponsors programs and events that support, raise awareness, and advance education and scientific knowledge around rare diseases and the experience of patients living with those diseases.</p> <p><b>Sponsorships</b> are support for a meeting, program or activity sponsored or conducted by the organization, in return for which Sarepta derives a legitimate corporate benefit, including but not limited to, the ability to advertise or promote Sarepta, a Sarepta Product or Sarepta's business interests in connection with the funded meeting, program or activity.</p>



## SAREPTA THERAPEUTICS

### Instructions for Sarepta's Grant & Sponsorship Application Portal

8. After selecting an application type, you will be navigated to an Instructional Page, please read carefully as it will let you know what information and uploads will be asked of you.
9. After reading the instructions, click "Proceed" (also have the options to go "Back" or "Cancel"), and you can start to fill out the fields within the application.
10. After each page, you will need to click "Save and Proceed to Next Step" in order to get to the next portion of the form. You can also always navigate backwards with the "Save and Back" button.
  - a. At any point, if you need to continue at a later time, you can select the "Save and Continue Later" button at the end of the form.
  - b. There is blue help text on certain fields, as well as page-level instructional text at the top of certain pages. However, if you have any questions as you complete the form, you can reach out to us at [grantsandsponsorships@sarepta.com](mailto:grantsandsponsorships@sarepta.com).
  - c. **Important:** Never hit the 'Enter' button on your keyboard – there is a glitch that may cause you to lose your application if you hit this.
  - d. **If you would like to preview the fields of the application, see the Appendices below for each application type.**
11. **\*IMPORTANT\*** After you complete all sections, you will be directed to a summary page and asked to review everything you entered, agree to our Compliance Policy and then click "Submit". You **must** click "Submit" for the application to be sent to Sarepta. You will receive an email confirmation once the application goes through. Sarepta will reach out as soon as we have reviewed your application.
  - a. You can see an example of what this should look like on page 16, 24, 28 and 32 below (for MedEd, Fellowship, Grant and Sponsorship Applications, respectively)



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### APPENDIX A – MEDICAL EDUCATION GRANTS

#### FRAME 1 of 10 – Medical Education Grant Application

##### Request Detail

Request ID 2018-RMS-MED-304

Please complete all required fields. An asterisk \*\* indicates a required field.

General Information
Request Information
Delivery Format
Planned Outcomes
Outcomes Assessment
Budget
Document Uploads

Accreditation Details
Authorized Signer/Payee

\* **Program Type**  
*(Base selection on the target audience)*

\* **Continent**

\* **Therapeutic Area**  
*Please choose the therapeutic area that relates to your program.*

\* **Disease State**

\* **Program Title**  
*Please enter the name of the event.*

\* **Program/Activity Description**  
*Please include a brief summary of the activity. You will have an opportunity to upload a full proposal in the Document Uploads section.*

\* **Decision Requested by Date**  
*If date is within the next 30 days, we may not be able to accommodate the request.*

Support Type: Monetary

\* **Currency**

\* **Requested Amount**

\* **Estimated Program Budget**

\* **Is other financial support being sought for this program?**  Yes  No

\* **Please enter the approximate percentage of your Organization/Institution’s total annual budget that this request would represent**

Anticipated Revenue from Registrations

\* **Is the payee on the CMS Teaching Hospital list or a subsidiary of a listed organization?**  
Please verify the answer to this question using this list: [CMS Teaching Hospital List]  Yes  No

Save and Back
Save and Continue Later
Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 2 of 10 – Medical Education Grant Application

#### Request Detail

Request ID 2018-RMS-MED-304

Please complete all required fields. An asterisk "\*" indicates a required field.

General Information | **Request Information** | Delivery Format | Planned Outcomes | Outcomes Assessment | Budget | Document Uploads

Accreditation Details | Authorized Signer/Payee

- \* **Needs Assessment Summary**  
*Please provide a brief description of the need for funding.* ?
- \* **Competencies that will be achieved by request**
- \* **Highest proposed outcome level**
- \* **Are you partnering with an outcomes company?**  
*A third party company that an organization would use to help plan the event's logistics.*  Yes  No
- \* **Learning Objectives**  
*Please add one objective per box and click the check box icon to add an objective. List an objective in language that indicates measurable/learner-oriented outcome(s). (e.g. After participating in the activity, the learner will be able to...)*

Objective	Edit	Action
<input type="text"/>		<input checked="" type="checkbox"/>
<input type="text"/>		<input checked="" type="checkbox"/>

**Add Objective**



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### FRAME 3 of 10 – Medical Education Grant Application

#### Request Detail

Request ID 2018-RMS-MED-304

Please complete all required fields. Asterisk "\*" Indicates Required Field.

General Information	Request Information	<b>Delivery Format</b>	Planned Outcomes	Outcomes Assessment	Budget	Document Uploads
Accreditation Details	Authorized Signer/Payee					

<b>Total # Of Activities</b>	0	<b>Total # of Learners</b>	0
<b>Enduring Activities</b>	0	<b>Enduring Learners</b>	0
<b>Live Activities</b>	0	<b>Live Learners</b>	0
<b>Digital Activities</b>	0	<b>Digital Learners</b>	0

\* Delivery Format Type

* Audience Group	* Specialty	* If this program is accredited, please choose Category of Credit	* CE/CME Credit Hours for Category	* # of Invitations Expected to be Distributed	* # of Expected Learners	* # of Learners Expected to Receive Credit	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Add Audience Group

Save Activity

<b>Total # Of Activities</b>	0	<b>Total # of Learners</b>	0
<b>Enduring Activities</b>	0	<b>Enduring Learners</b>	0
<b>Live Activities</b>	0	<b>Live Learners</b>	0
<b>Digital Activities</b>	0	<b>Digital Learners</b>	0

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### FRAME 4 of 10 – Medical Education Grant Application

**Request Detail**  
Request ID 1816-1493-MED-334

General Information Request Information Delivery Format **Planned Outcomes** Outcomes Assessment Budget Document Uploads

Accreditation Details Authorized Signee/Physic

\* Planned Level of Outcomes:  [Download](#)

Level	Description	Example Measurement Methods	Reconciliation Expectations
1: Participation	The number of learners who participated in the educational activity.	Participant Records	You will be required to enter the actual number of U.S. learners for each audience group. For online programs, participation should reflect actual "unique visitors" who participated in the education. If the actual number of learners is less than 80% of the expected number of learners, an explanation as to why the anticipated number of learners was not achieved will be required. In addition, you will be required to enter the average years in practice of learners and the average number of patients seen per week by the learners with the disease topic addressed in the education. This information will be collected as an average across all learners who participated in the education. You will be required to upload a full report describing participation level outcomes, which should contain at minimum the demographic details of participants by specific format of the education and a definition of "unique visitor" if appropriate.
2: Satisfaction	The degree to which the expectations of the learners about the setting and/or delivery of the education were met.	Questionnaires completed by learners after an educational activity.	You will be required to enter the total number of responses, the number responding positively, and the average scores across the responses for at least one of the following satisfaction items: The design of the program was effective for the content conveyed; the content supported the identified learning objectives; the content was free of commercial bias; the content was relevant to your practice; The faculty/facilitator was effective; The faculty/facilitator/ chair had expertise in the content area. You will also have the option to enter the number of "Yes" responses to the following statement: The learners were overall satisfied with the activity. This information will be expected for each activity type associated with your grant (eg, live, print, online, or multi-format). You will be required to upload a full report of satisfaction level outcomes. This report should contain at minimum the demographic details of the learners who completed the questionnaire and any additional findings related to learner satisfaction associated with the educational activity/initiative.
3: Knowledge	The degree to which learners state what the educational activity intended them to know. The degree to which learners state how to do what the educational activity intended them to know how to do.	Pre- and post-tests of knowledge; self-report of knowledge	You will be required to enter the number of respondents to your knowledge test, average scores to the knowledge tests and the standard deviation of the two groups (either pre/post or post/control). Or, you may provide changes in knowledge by reporting overall learners' agreement with the following statement: The program increased learner knowledge. NOTE: It is our preference that the data reported be that from the learners' first attempt to take the knowledge test. This is the best indication of changes in learner knowledge. You will be required to upload a full report with details regarding the methodology of assessment, knowledge test administered, demographic details of the sample of learners who completed the assessment, and any findings related to changes in learner knowledge, serving as indication of how the overall learning objectives were accomplished.
4: Competence	The degree to which learners show in an educational setting how to do what the educational activity intended them to be able to do.	Self-report of competence; intent-to-change.	You will be required to enter the total number of responses gathered, the Likert-scale type used, the number responding positively, and the average score across the responses for the intent-to-change measure selected. These intent-to-change measures include: I plan to make changes to my practice based on this activity, or, The activity improved my competence in managing patients with this disease/condition/symptom. The system will allow for entry of items captured across different Likert scales. You will be required to upload a full report containing data regarding methodology of assessment, demographic details regarding the sample of the learners who complete the questionnaires, timing of the assessment (immediate vs. follow-up), and findings related to competence and expected practice changes serving as an indication of how the overall learning objectives were accomplished.
5: Performance	The degree to which learners do what the educational activity intended them to be able to do in their practices.	Observation of performance in a patient care setting; patient charts; administrative data bases; self-report of performance; case-based survey.	Requirements will depend on the specific method of performance assessment used. For case-based survey assessments, you will be required to enter the number of respondents to the performance assessment survey, the average scores to the performance questions by each group (pre/post test or post-test/control) and the standard deviation for each group. For self-reported performance change, you will be required to enter the method used to assess performance change (i.e. survey or interview), as well as the number of respondents who indicate changes have been made to their practice. You will be required to upload a full report that includes specific details regarding methodology and timing of assessment (immediate vs. follow-up), demographic details of the sample of learners assessed, findings showing how educational objectives have been achieved (e.g. education has lead to performance changes), faculty interpretation of analysis and assessment findings, and data regarding perceptions or barriers that may be impacting the overall performance of learners.
6: Patient Health	The degree to which the health status of patients improves as a result of changes in the learners' practice behavior.	Health status measures recorded in patient charts or administrative databases; patient self-report of health status.	You will be required to select the method used to assess patient health. You will be required to upload a full report that includes specific details regarding methodology used to assess patient health, demographic details of the sample learners and patients participating in the assessment as well as results from the assessment.

1. Moore DE Jr, Green JS, Gallo HA. Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009 Winter;29(1):1-15.

[Save and Back](#) [Save and Continue Later](#) [Save and Proceed to Next Step](#)

[Cancel](#)



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 5 of 10 – Medical Education Grant Application

#### Request Detail

Request ID 2018-RMS-MED-304

General Information   Request Information   Delivery Format   Planned Outcomes   **Outcomes Assessment**   Budget   Document Uploads

Accreditation Details   Authorized Signer/Payee

Level	Outcomes Assessment Instruments	Description of Methods	Planned
3	Knowledge test (pre/post)	A test utilizing knowledge questions is completed by learners prior to the start of education and the same test (regardless of the ordering of questions) is fielded to learners at the completion of the education. It is expected that you will report responses from the learners’ first attempt of the survey. A matched sample is not required but strongly recommended.	<input type="checkbox"/>
3	Knowledge test (post/control)	A test utilizing knowledge questions is fielded to learners at the completion of the education. It is expected that you will report responses from the learners’ first attempt of the survey. These results are compared against responses from a demographically similar group of healthcare providers who did not participate in the education (i.e., a control group).	<input type="checkbox"/>
3	Learner self report of knowledge change	Data gathered through a question immediately following participation in the education regarding the learner self report of the amount of knowledge change that occurred as a result of the education. NOTE: This option may be used in combination with another knowledge level assessment for any grant; but it may only be used as a standalone knowledge measure for grants receiving \$5000 or less in support from Sarepta.	<input type="checkbox"/>

If the plan uses instruments other than those listed, please describe them here:

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### FRAME 6 of 10 – Medical Education Grant Application

#### Request Detail

Request ID: 2018-RMS-MED-304

General Information | Request Information | Delivery Format | Planned Outcomes | Outcomes Assessment | **Budget** | Document Uploads

Accreditation Details | Authorized Signer/Payee

You will be prompted to upload a Full Project Budget in the Document Uploads tab. You are not required to complete this template.

**If you choose not to complete the template, please enter Total Overall Amount below in order to proceed.**

Currency: CHF			
	General Information	Detailed Budget	Difference
<b>Estimated Program Budget</b>	1,000.00	1,000.00	0.00
<b>Requested Amount</b>	100.00	100.00	0.00
	<b>Support from Other Sources</b>	900.00	
	<b>Registration Revenue</b>	0	

Account & Activity Management | Accreditation Costs | Content Development | Faculty and Staff Travel | Honoraria | Meals | Meeting Logistics

Outcomes | Shipping

You will be prompted to upload a Full Project Budget in the Document Uploads tab. You are not required to complete this template.

**If you choose not to complete the template, please enter Total Overall Amount below in order to proceed.**

	Estimated Program Budget	Requested Amount	Comments
Total Overall Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Logistics Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Content Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Audience Generation Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <small>Please provide specific details in the comment section.</small>	1,000.00	100.00	this is
<b>Total</b>	<b>CHF 1,000.00</b>	<b>CHF 100.00</b>	

Save and Proceed to Next Budget Tab

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### FRAME 7 of 10 – Medical Education Grant Application

#### Request Detail

Request ID 2018-RMS-MED-304

General Information Request Information Delivery Format Planned Outcomes Outcomes Assessment Budget **Document Uploads**

Accreditation Details Authorized Signer/Payee

\* Is the current Tax Documentation in your profile up to date?  Yes  No  
[View Uploaded Tax Documentation](#)

* Full Program Budget	<input type="text"/>	Browse
* Proposal Upload (Educational Objectives, Agenda, Speakers)	<input type="text"/>	Browse
Other Supporting Materials	<input type="text"/>	Browse

**Add Document**

**Save and Back**      **Save and Continue Later**      **Save and Proceed to Next Step**

**Cancel**

### FRAME 8 of 10 – Medical Education Grant Application

#### Request Detail

Request ID 2018-RMS-MED-304

General Information Request Information Delivery Format Planned Outcomes Outcomes Assessment Budget Document Uploads

**Accreditation Details** Authorized Signer/Payee

\* Is the program accredited?  Yes  No/Unknown  
 \* Will you be working with a third party?  Yes  No

A Third Party is an organization that contributes to content development, certifies the activity for non-physician audiences, or is the requesting organization's designated payee. Third Parties should be organizations, not individuals (ie, consultants or faculty members who contribute to content development).

**Save and Back**      **Save and Continue Later**      **Save and Proceed to Next Step**

**Cancel**



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 9 of 10 – Medical Education Grant Application

#### Request Detail

Request ID 2018-RMS-MED-304

General Information   Request Information   Delivery Format   Planned Outcomes   Outcomes Assessment   Budget   Document Uploads

Accreditation Details   **Authorized Signer/Payee**

#### Authorized Signer

\* Is the Authorized Signer listed below correct?    Yes    No

Authorized Signer First Name   Emily

Authorized Signer Last Name   Regan

Authorized Signer Email Address   irishdmd@yopmail.com

#### Payee Information

*If awarded Medical Education Grant funding, you will receive funding by check or wire transfer depending on your jurisdiction.*

##### Wire Instructions

Bank Name  

Beneficiary Name  

IBAN Number  

\* Attention  

\* Is the listed address below correct?    Yes    No

This address is informational only. Click No to indicate a different address to send the payment.

Address 1	Country	City	State/Province/Region	Postal Code
123 Gaelic Way	Ireland	Galway	Connacht	NE2

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### FRAME 10 of 10: Review and Submit Page – Medical Education Grant Application

**Request Review**

Request ID 2018-RMS-MED-304 Print

---

**General Information**

Request ID	2018-RMS-MED-304
Program Type	Managed Markets
Continent	Africa
Therapeutic Area	CNS
Disease State	Duchenne Muscular Dystrophy
Program Title	tatatata
Program/Activity Description	fretgrewdewdwiq
Decision Requested by Date	28 Dec 2018
Support Type	Monetary
Currency	CNY
Requested Amount	100.00
Estimated Program Budget	1,000.00
Is other financial support being sought for this program?	No
Please enter the approximate percentage of your Organization/Institution's total annual budget that this request would represent	0-24%
Anticipated Revenue from Registrations	0.00

---

**Request Information**

Needs Assessment Summary	s2drefref24fcr			
Competencies that will be achieved by request	Interpersonal and communication skills, Medical knowledge			
Highest proposed outcome level	Learning and Procedural Knowledge			
Are you partnering with an outcomes company?	No			
Learning Objectives	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Objective</td></tr> <tr><td>derfree</td></tr> <tr><td>dr3r22</td></tr> </table>	Objective	derfree	dr3r22
Objective				
derfree				
dr3r22				



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

**Delivery Format**

<b>Total # Of Activities</b>	1	<b>Total # of Learners</b>	5
<b>Enduring Activities</b>	0	<b>Enduring Learners</b>	0
<b>Live Activities</b>	0	<b>Live Learners</b>	0
<b>Digital Activities</b>	1	<b>Digital Learners</b>	5

  

<b>Delivery Format</b>	Patient Education Programs	<b># of Speakers/Faculty Members</b>	2
<b>Web URL</b>			
<b>Activity Start Date</b>	17 Jan 2019	<b>Activity End Date</b>	18 Jan 2019
<b>Audience Generation Tactics</b>	dewvfvvr		

  

Audience Group	Specialty	If this program is accredited, please choose Category of Credit	CE/CME Credit Hours for Category	# of Invitations Expected to be Distributed	# of Expected Learners	# of Learners Expected to Receive Credit
Caregivers	Abdominal Radiology	N/A	0	23	5	0

**Is any external approval required before the activity can occur?** No/Unknown

**Planned Outcomes**

Planned	Level	Description	Example Measurement Methods	Reconciliation Expectations
<input checked="" type="checkbox"/>	3: Knowledge	The degree to which learners state what the educational activity intended them to know. The degree to which learners state how to do what the educational activity intended them to know how to do.	Pre- and post-tests of knowledge; self-report of knowledge	You will be required to enter the number of respondents to your knowledge test, average scores to the knowledge tests and the standard deviation of the two groups (either pre/post or post/control). Or, you may provide changes in knowledge by reporting overall learners' agreement with the following statement: The program increased learner knowledge. NOTE: It is our preference that the data reported be that from the learners' first attempt to take the knowledge test. This is the best indication of changes in learner knowledge. You will be required to upload a full report with details regarding the methodology of assessment, knowledge test administered, demographic details of the sample of learners who completed the assessment, and any findings related to changes in learner knowledge, serving as indication of how the overall learning objectives were accomplished.

1. Moore DE Jr, Green JS, Gallia HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009 Winter;29(1):1-15.

**Outcomes Assessments**

Level	Outcomes Assessment Instruments	Description of Methods	Planned
3	Knowledge test (pre/post)	A test utilizing knowledge questions is completed by learners prior to the start of education and the same test (regardless of the ordering of questions) is fielded to learners at the completion of the education. It is expected that you will report responses from the learners' first attempt of the survey. A matched sample is not required but strongly recommended.	<input checked="" type="checkbox"/>

If the plan uses instruments other than those listed, please describe them here:



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

**Budget**

		Currency		CONY	
		General Information	Detailed Budget	Difference	
<b>Estimated Program Budget</b>		1,000.00	1,000.00	00.00	
<b>Requested Amount</b>		100.00	100.00	00.00	
	<b>Support from Other Sources</b>		900.00		
	<b>Registration Revenue</b>		0		

Account & Activity Management

	Estimated Program Budget	Requested Amount	Comments
Other	1,000.00	100.00	this is
Subtotal	CONY 1,000.00	CONY 100.00	

**Document Uploaded**

Is the current Tax Documentation in your profile up to date? Yes

Document Title	Uploaded Document File Name	Date	View
Organization's Signed Tax Documentation	<a href="#">Blank WS.pdf</a>	06 Dec 2018	<a href="#">View</a>
Full Program Budget	<a href="#">Formatting text.pdf</a>	06 Dec 2018	<a href="#">View</a>
Proposal Upload (Educational Objectives, Agenda, Speakers)	<a href="#">Formatting text.pdf</a>	06 Dec 2018	<a href="#">View</a>

**Accreditation**

Is the program accredited? No/Unknown

Will you be working with a third party? No

**Authorized Signer and Payee**

Authorized Signer First Name: Emily  
 Authorized Signer Last Name: Regan  
 Authorized Signer Email Address: Irishdmd@yahoo.com

**Payee Information**

Bank Name  
 Beneficiary Name  
 IBAN Number  
 Attention: Emily Regan

Address 1	Country	City	State/Province/Region	Postal Code
123 Gaelic Way	Ireland	Galway	Connacht	NE2

**Agreement**

I agree to the Compliance Commitment of Sarepta Request Management System and the use of this website. Should Sarepta approve this request we will make appropriate disclosure of the company's support.

[Cancel](#) [Back](#) [Proceed](#)



# SAREPTA

THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### Final message – Medical Education Grant Application

#### Thank You!

Request ID: 2018-RMS-MED-304

Activity Title: tatatata

Thank you for submitting this educational grant request. You will get an email confirmation for your records. You may track your request through the status column located on your homepage of the Sarepta Request Management System.

We will notify you when the Sarepta Review Committee has made a decision on your request. As we evaluate your request, we may ask for additional information from you. Should we require additional information, you will receive an email notification indicating the information required, and further processing of the request will be on hold until the requested information is received.

Proceed



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### APPENDIX B – FELLOWSHIP GRANTS

#### FRAME 1 of 8 – Fellowship Grant Application

##### Request Detail

Request ID 2018-RMS-FEL-302

Please complete all required fields. An asterisk "\*" indicates a required field.

General Information | Request Information | Delivery Format | Budget | Document Uploads | Accreditation Details | Authorized Signer/Payee

- \* Fellowship Type  ▼
- \* Therapeutic Area
- \* Program Title Please include the Institution Name and the Fellowship Year.
- \* Program Description Please describe the fellowship program in a few sentences.
- \* Fellowship Experience Please describe previous and current experience with fellowship programs. Please include clinic setting, key mentors and supporting information.
- \* Currency
- \* Requested Amount
- \* Estimated Total Fellowship Budget
- \* Is other financial support being sought for this fellowship?  Yes  No
- \* Please enter the approximate percentage of your Organization/Institution's total annual budget that this request would represent  ▼
- \* Number of participants in the program
- \* Number of participants for which you are requesting support   
Support can only be requested for one-year of a Fellow's salary.

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### FRAME 2 of 8 – Fellowship Grant Application

#### Request Detail

Request ID 2018-RMS-FEL-306

Please complete all required fields. An asterisk "\*" indicates a required field.

General Information **Request Information** Delivery Format Budget Document Uploads Accreditation Details Authorized Signer/Payee

\* Institution's Criteria for selecting a participant

\* Institution's Learning Objectives  
Please include at least 3 objectives

Objective	Edit	Action
<input type="text"/>		<input checked="" type="checkbox"/>
<input type="text"/>		<input checked="" type="checkbox"/>
<input type="text"/>		<input checked="" type="checkbox"/>

Add Objective

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel

### FRAME 3 of 8 – Fellowship Grant Application

#### Request Detail

Request ID 2018-RMS-FEL-306

Please complete all required fields. Asterisk "\*" indicates Required Field.

General Information Request Information **Delivery Format** Budget Document Uploads Accreditation Details Authorized Signer/Payee

<b>Total # Of Activities</b>	0	<b>Total # of Learners</b>	0
<b>Live Activities</b>	0	<b>Live Learners</b>	0

Program Type  
Program

Live  
Fellowship

\* Fellowship Start Date

If date is within the next 30 days, we may not be able to accommodate the request.

\* Fellowship End Date

Clinic Name

\* Is any external approval required before the activity can occur?  
This question does not apply to all regions. If not applicable to your region, please click No.

Yes  No/Unknown

Save Activity

<b>Total # Of Activities</b>	0	<b>Total # of Learners</b>	0
<b>Live Activities</b>	0	<b>Live Learners</b>	0

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 4 of 8 – Fellowship Grant Application

#### Request Detail

Request ID 2018-RMS-FEL-306

General Information   Request Information   Delivery Format   **Budget**   Document Uploads   Accreditation Details   Authorized Signer/Payee

You will be prompted to upload a Full Project Budget in the Document Uploads tab. You are not required to complete this template.

**If you choose not to complete the template, please enter Total Overall Amount below in order to proceed.**

Currency: USD			
	General Information	Detailed Budget	Difference
Estimated Program Budget	1,000.00	0.00	1,000.00
Requested Amount	1,000.00	0.00	1,000.00

Accreditation Costs   Faculty and Staff Travel   Salary\*   Meals   Meeting Logistics

	Estimated Program Budget	Requested Amount	Comments
Total Overall Amount <i>Please provide specific details in the comment section.</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accreditation Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <i>Please provide specific details in the comment section.</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<b>USD 0.00</b>	<b>USD 0.00</b>	

Save and Proceed to Next Budget Tab

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 5 of 8 – Fellowship Grant Application

**Request Detail**  
Request ID 2018-RMS-FEL-306

General Information   Request Information   Delivery Format   Budget   **Document Uploads**   Accreditation Details   Authorized Signer/Payee

\* Is the current Tax Documentation in your profile up to date?    Yes    No  
[View Uploaded Tax Documentation](#)

* CV Faculty Key Member 1	<input type="text"/>	Browse
* CV Faculty Key Member 2	<input type="text"/>	Browse
* Fellowship Program Details	<input type="text"/>	Browse
Additional Supporting Document	<input type="text"/>	Browse
CV Faculty Key Member 3	<input type="text"/>	Browse

**Add Document**

**Save and Back**   **Save and Continue Later**   **Save and Proceed to Next Step**

**Cancel**

### FRAME 6 of 8 – Fellowship Grant Application

**Request Detail**  
Request ID 2018-RMS-FEL-306

General Information   Request Information   Delivery Format   Budget   Document Uploads   **Accreditation Details**   Authorized Signer/Payee

Is the program accredited?    Yes    No

**Save and Back**   **Save and Continue Later**   **Save and Proceed to Next Step**

**Cancel**



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 7 of 8 – Fellowship Grant Application

#### Request Detail

Request ID 2018-RMS-FEL-306

General Information   Request Information   Delivery Format   Budget   Document Uploads   Accreditation Details   **Authorized Signer/Payee**

**Authorized Signer**

\* Is the Authorized Signer listed below correct?  Yes  No  
This is an individual within the requesting organization who has the authority to sign the Letter of Agreement.

Authorized Signer First Name: Emily  
 Authorized Signer Last Name: Regan  
 Authorized Signer Email Address: irishdmd@yopmail.com

**Payee Information**

\* Attention:

\* Is the listed address below correct?  Yes  No  
This address is informational only. Click No to indicate a different address to send the payment.

Address 1	Country	City	State/Province/Region	Postal Code
123 Gaelic Way	Ireland	Galway	Connacht	NE2

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 8 of 8: Review and Submit Page – Fellowship Grant Application

#### Request Review

Request ID 2018-RMS-FEL-306

Print

General Information	
Request ID	2018-RMS-FEL-306
Fellowship Type	Fellowship - Genetic Counselor
Therapeutic Area	Neuromuscular
Program Title	tjyew
Program Description	hwyjtu
Fellowship Experience	wryjytj
Currency	USD
Requested Amount	1,000.00
Estimated Total Fellowship Budget	1,000.00
Is other financial support being sought for this fellowship?	No
Number of participants in the program	1
Please enter the approximate percentage of your Organization/Institution's total annual budget that this request would represent	0-24%
Number of participants for which you are requesting support	1

Request Information					
Institution's Criteria for selecting a participant	yukuli				
Institution's Learning Objectives	<table border="1"> <tbody> <tr><td>Objective</td></tr> <tr><td>kuik97</td></tr> <tr><td>yiky</td></tr> <tr><td>kuiku9</td></tr> </tbody> </table>	Objective	kuik97	yiky	kuiku9
Objective					
kuik97					
yiky					
kuiku9					

Delivery Format			
<b>Total # Of Activities</b>	1	<b>Total # of Learners</b>	0
<b>Live Activities</b>	0	<b>Live Learners</b>	0
<b>Program</b>	Fellowship	<b>Clinic Name</b>	
<b>Fellowship Start Date</b>	01/31/2019	<b>Fellowship End Date</b>	07/25/2019
<b>Is any external approval required before the activity can occur?</b>	No/Unknown		



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

**Budget**

	Currency	USD	
	General Information	Detailed Budget	Difference
<b>Estimated Program Budget</b>	1,000.00	1,000.00	00.00
<b>Requested Amount</b>	1,000.00	1,000.00	00.00

Accreditation Costs

	Estimated Program Budget	Requested Amount	Comments
Other	1,000.00	1,000.00	freger
Subtotal	USD 1,000.00	USD 1,000.00	

**Document Uploaded**

Is the current Tax Documentation in your profile up to date? Yes

Document Title	Uploaded Document File Name	Date	View
Organization's Signed Tax Documentation	<a href="#">Blank W9.pdf</a>	06 Dec 2018	<a href="#">View</a>
CV Faculty Key Member 1	<a href="#">Formatting text.pdf</a>	06 Dec 2018	<a href="#">View</a>
CV Faculty Key Member 2	<a href="#">Formatting text.pdf</a>	06 Dec 2018	<a href="#">View</a>
Fellowship Program Details	<a href="#">Formatting text.pdf</a>	06 Dec 2018	<a href="#">View</a>
Additional Supporting Document	<a href="#">Formatting text.pdf</a>	06 Dec 2018	<a href="#">View</a>
CV Faculty Key Member 3	<a href="#">Formatting text.pdf</a>	06 Dec 2018	<a href="#">View</a>

**Accreditation**

Is the program accredited? No

**Authorized Signer and Payee**

Authorized Signer First Name: Emily  
Authorized Signer Last Name: Regan  
Authorized Signer Email Address: irishdmd@yopmail.com

**Payee Information**

Attention: Emily Regan

Address 1	Country	City	State/Province/Region	Postal Code
123 Gaelic Way	Ireland	Galway	Connacht	NE2

**Agreement**

I agree to the Compliance Commitment of Sarepta Request Management System and the use of this website. Should Sarepta approve this request we will make appropriate disclosure of the company's support.

[Cancel](#) [Back](#) [Proceed](#)



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### APPENDIX C – GRANTS & DONATIONS

#### FRAME 1 of 5 – Grant and Donations Application

**Request Detail**

Request ID 2018-RMS-CHR-591  
Please complete all required fields. An asterisk "\*" indicates a required field.

Overview | Delivery Format | Document Uploads | Authorized Signer/Payee

- \* Area of Focus
- \* Program Title Please enter the name of the event.
- \* Continent
- \* Therapeutic Area
- \* Detailed Purpose Briefly describe the purpose of the program.
- \* Decision Requested by Date If date is within the 30 days, we may not be able to accommodate the request.
- \* Support Type
- \* Currency
- \* Requested Amount
- \* How much is Tax deductible? If you are unsure, please enter N/A
- \* Estimated Program Budget

Briefly describe any non-financial support requested from Sarepta (e.g., presentation, volunteer(s), exhibit)

- \* Is other financial support being sought for this program?  Yes  No
- \* What is your organization's annual budget?

Has Sarepta previously supported this program?  Yes  No

Save and Back | Save and Continue Later | Save and Proceed to Next Step | Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### FRAME 2 of 5 – Grant and Donations Application

#### Request Detail

Request ID 2018-RMS-CHR-591

Please complete all required fields. An asterisk "\*" indicates a required field.

You must save at least one activity and/or Delivery Format to proceed.

Overview **Delivery Format** Document Uploads Authorized Signer/Payee

Total Number Of Activities	0	Total Number of Attendees	0
<b>Live Activities</b>	0	<b>Live Attendees</b>	0

\* Delivery Format Type Live

\* Program Type (Base selection on the target audience)

\* Geographic Focus

\* Activity Start Date If date is within the next 30 days, we may not be able to accommodate the request.

\* Activity End Date

\* Venue Name

\* Venue Country

* Audience Group	* Anticipated Reach/Attendees
<input type="text"/>	<input type="text"/>

Add Audience Group

\* Is any external approval required before the activity can occur?  Yes  No/Unknown  
This question does not apply to all regions or programs. If not applicable to your region or program, please click No.

Save and Add New Activity

Total Number Of Activities	0	Total Number of Attendees	0
<b>Live Activities</b>	0	<b>Live Attendees</b>	0

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### FRAME 3 of 5 – Grant and Donations Application

#### Request Detail

Request ID 2018-RMS-CHR-591

This page allows you to upload supporting documents electronically. Some documents are mandatory for upload and indicated by asterisk \*\*.

**PLEASE NOTE:** The proposal should include a signed letter of request.

Please feel free to submit any relevant documents that may help us review your request (e.g., agendas, proposed faculty, description of the organization or venue, detailed needs assessment).

#### Upload Documents

Upload documents by specifying a document title below and clicking the Browse button. Select the appropriate file for the document you wish to attach to your request and click the Upload button (maximum upload size = 20 Megabytes).

Documents of the following types may be uploaded: pdf, docx, xlsx, xls, doc, rtf, tif, gif, txt, ppt, pptx, jpg, jpeg.

Overview   Delivery Format   **Document Uploads**   Authorized Signer/Payee

\* Is the current Tax Documentation in your profile up to date?    Yes    No

[View Uploaded Tax Documentation](#)

* Proposal Upload	<input type="text"/>	Browse
* Budget	<input type="text"/>	Browse
Sample Invitation/Flier	<input type="text"/>	Browse
Other Supporting Materials	<input type="text"/>	Browse
Program Agenda	<input type="text"/>	Browse

Add Document

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 4 of 5 – Grant and Donations Application

#### Request Detail

Request ID 2018-RMS-CHR-591

Please complete all required fields. An asterisk "\*" indicates a required field.

The Authorized Signer is the person from your organization who would sign the Letter of Agreement (LOA).

Overview   Delivery Format   Document Uploads   **Authorized Signer/Payee**

**Authorized Signer**

\* Is the Authorized Signer listed below correct?  Yes  No

Authorized Signer First Name   Emily

Authorized Signer Last Name   Regan

Authorized Signer Email Address   irishdmd@yopmail.com

**Payee Information**

*If awarded Charitable Grants & Donation funding, you will receive funding by check or wire transfer depending on your jurisdiction.*

**Wire Instruction**

Bank Name

Beneficiary Name

IBAN Number

\* Attention:

\* Is the listed address below correct?  Yes  No  
*This address is informational only. Click No to indicate a different address where the requesting organization would like the payment sent.*

Address 1	Country	City	State/Province/Region	Postal Code
123 Gaelic Way	Ireland	Galway	Connacht	NE2

Save and Back   Save and Continue Later   Save and Proceed to Next Step

Cancel

### FRAME 5 of 5: Review and Submit Page – Grant and Donations Application

**Agreement**

\*  I agree to the Compliance Commitment of Sarepta Request Management System and the use of this website. Should Sarepta approve this request we will make appropriate disclosure of the company's support.

Back   Proceed

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### APPENDIX D –SPONSORSHIPS

#### FRAME 1 of 5 – Sponsorship Application

##### Request Detail

Request ID 2018-RMS-SPN-593

Please complete all required fields. An asterisk "\*" indicates a required field.

- General Information
- Sponsorship Benefit
- Document Uploads
- Authorized Signer/Payee

- \* Area of Focus
- \* Continent
- \* Therapeutic Area
- \* Program Title Please enter the name of the event.
- \* Detailed Purpose Briefly describe the purpose of the event.
- \* Will there be healthcare professionals attending?  Yes  No  Not Applicable
- \* Requested Sponsorship Tier
- \* Please upload documentation describing the sponsorship tiers
- \* Decision Requested by Date If date is within the 30 days, we may not be able to accommodate the request.
- \* Support Type
- \* Currency
- \* Requested Amount
- \* How much is Tax deductible? If you are unsure, please enter N/A.
- \* Estimated Program Budget
- Briefly describe any non-financial support requested from Sarepta (e.g., presentation, volunteer(s), exhibit)
- \* Is other financial support being sought for this program?  Yes  No
- \* Please enter the approximate percentage of your Organization/Institution's total annual budget that this request would represent
- \* Is the event being sponsored accredited?  Yes  No
- \* Have you held this program previously?  Yes  No
- Has Sarepta previously supported this program?  Yes  No

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta's Grant & Sponsorship Application Portal

### FRAME 2 of 5 – Sponsorship Application

#### Request Detail

Request ID 2018-RMS-SPN-593

Please complete all required fields. An asterisk "\*" indicates a required field.

You must save at least one Sponsorship Benefit to proceed.

General Information   **Sponsorship Benefit**   Document Uploads   Authorized Signer/Payee

\* Event Type

* Audience Group	* Anticipated Reach/Attendees	Delete
<input type="text"/>	<input type="text"/>	<input type="button" value="x"/>

\* Is any external approval required before the activity can occur?  Yes  No/Unknown

This question does not apply to all regions or programs. If not applicable to your region or program, please click No.



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 3 of 5 – Sponsorship Application

#### Request Detail

Request ID 2019-RMS-SPN-829

This page allows you to upload supporting documents electronically. Some documents are mandatory for upload and indicated by asterisk \*.

**PLEASE NOTE:** The proposal should include a signed letter of request.

Please feel free to submit any relevant documents that may help us review your request (e.g., agendas, proposed faculty, description of the organization or venue, detailed needs assessment).

#### Upload Documents

Upload documents by specifying a document title below and clicking the Browse button. Select the appropriate file for the document you wish to attach to your request and click the Upload button (maximum upload size = 20 Megabytes).

Documents of the following types may be uploaded: pdf, docx, xlsx, xls, doc, rtf, tif, gif, txt, ppt, pptx, jpg, jpeg.

General Information   Sponsorship Benefit   **Document Uploads**   Authorized Signer/Payee

\* Is the current Tax Documentation in your profile up to date?    Yes    No

[View Uploaded Tax Documentation](#)

* Proposal Upload	iu-5.jpg	Clear
Sample Invitation/Flier	<input type="text"/>	Browse
Other Supporting Materials	<input type="text"/>	Browse
Program Agenda	<input type="text"/>	Browse

Add Document

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



# SAREPTA THERAPEUTICS

## Instructions for Sarepta’s Grant & Sponsorship Application Portal

### FRAME 4 of 5 – Sponsorship Application

#### Request Detail

Request ID 2018-RMS-SPN-593

Please complete all required fields. An asterisk "\*" indicates a required field.

The Authorized Signer is the person from your organization who would sign the Letter of Agreement (LOA).

General Information   Sponsorship Benefit   Document Uploads   **Authorized Signer/Payee**

**Authorized Signer**

\* Is the Authorized Signer listed below correct?  Yes  No

Authorized Signer First Name   Emily

Authorized Signer Last Name   Regan

Authorized Signer Email Address   irishdmd@yopmail.com

**Payee Information**

*If awarded Sponsorship funding, you will receive funding by check or wire transfer depending on your jurisdiction*

**Wire Instruction**

Bank Name

Beneficiary Name

IBAN Number

\* Attention:

\* Is the listed address below correct?  Yes  No  
*This address is informational only. Click No to indicate a different address where the requesting organization would like the payment sent.*

Address 1	Country	City	State/Province/Region	Postal Code
123 Gaelic Way	Ireland	Galway	Connacht	NE2

Save and Back   Save and Continue Later   Save and Proceed to Next Step

Cancel

### FRAME 5 of 5 Review and Submit Page – Sponsorship Application

**Agreement**

\*  I agree to the Compliance Commitment of Sarepta Request Management System and the use of this website. Should Sarepta approve this request we will make appropriate disclosure of the company's support.

Back   Proceed

Cancel