



Mighty Therapeutics
123 Highland Ave, Suite 201
Needham, MA 02494
Phone: (617) 600-6888

Grant Funding Application

REQUESTING ORGANIZATION

Name:

Address:

City:

State:

Country:

Zip Code:

Tax ID#:

Tax Status:

PERSON OF CONTACT

Name:

Address:

City:

State:

Country:

Zip Code:

Email:

Phone:

Fax:

PROGRAM OVERVIEW

Program Title:

Program Location:

Venue Name:

Program Date(s):

Program Time:

Target Audience:

Estimated Number of Attendees:

Please provide information about rationale for the estimated number.

Please provide details about the planned audience recruitment process.

Funding Amount Requested from Stealth:

Will there be other commercial supporters of this program? YES NO

Total Funding Needed for Program:

Are Stealth representatives able to attend this program? YES NO

PROGRAM DETAILS

Program/Event Description:

Agenda:

Outline supporter acknowledgment opportunities (including ad in event booklet, etc.)

ACCREDITATION

Is this program accredited?

YES

☐

NO

☐

What type(s) of accreditation is being offered?

Total CE/CME Credit Hours offered:

Can copies of letters/certificates of accreditation be provided to Stealth upon request?

YES

☐

NO

☐

Accredited Provider:

Organization Name:

Address:

City:

State:

Country:

Zip Code:

Phone:

Fax:

Contact Name:

Email:

Email completed forms to: **Grants@MightyTX.com**

Please attach a W-9, W-8 or W-8BEN-E and any other additional information.