

# AbbVie Funding Application Form for Organisations

## Primary Contact Information

N.B. You must be authorised to request funding on behalf of your Organisation.

\* If you consent to AbbVie collecting the information on this form to support your application, please tick this box

Name:

Position Title:

Phone Number:

Mobile Number:

Email Address:

## Alternate Contact Information

Name:

Position Title:

Phone Number:

Mobile Number:

Email Address:

## Organisation Details

Please enter details of the Organisation that is requesting funding and issuing the invoice addressed to AbbVie.

Legal Name:

Primary Business Address:

Street:

Postcode:

City:

State:

Country:

NZBN and/or other

**Business Identification:**

Please provide official evidence  
confirming your Company Registration

Website Address:

## Organisation Detail Continued

**Invoicing Department:**

**Contact Name:**

**Phone Number:**

## Project Detail:

**Project Name:**

**Start Date\*\*:**

**End Date\*\*:**

**Does your program relate to any of the following areas?**

**Please tell us about how your organisation supports the community**

**If you are seeking funding for an event, please provide the following details:**

**Date:**

**Location:**

**Purpose:**

**Number of people attending:**

**Would AbbVie be given the opportunity to promote in any way at the event?**

**Yes**

**No**

**\* Please include a copy of your agenda with your application**

\*\* The maximum time period for funding is 12 months. AbbVie New Zealand cannot fund expenses already incurred toward a project not yet approved for funding.

## Detailed Project Outline

Please provide a project summary and description including:

**What is the prime purpose of the funding?**

**What is the need that the project or event aims to address?**

**How will this be achieved?**

**What involvement do stakeholders have in the project? e.g. what activities will they be working on and why are they required i.e. fellows, contractors etc.**

**Please list the target population/s of the project, e.g. health care professionals, patients, government and advocates etc.**

**Number of the target population that will benefit from this initiative:**

**Please outline the measureable project deliverables, timelines and expected successful outcomes from the funding:**

Is this an ongoing project?

Yes

No

If yes, what sustainability measures have been put in place for the project to continue and/or be self-supporting in the future?

## Funding and Budget

Amount requested from AbbVie New Zealand and percentage of the total project funding required (ex GST)

NZ \$:

%:

What is the minimum amount of funding that you are requesting (ex GST)?

NZ \$

What is the total funding required to complete the project?

NZ \$

Have you received support and/or plan to receive support from other sponsors or sources for this project?

Yes

No

If yes, please list sponsors or sources who have provided funding, and/or plan to provide support for this project:

***Please note:***

*Your tax invoice must be linked to the company details on the application for the funding to be granted*

**Please provide specifics of the financial support required from this funding i.e. a detailed breakdown of the cost allocation and how the funds will be used:**

**INSERT BUDGET BREAKDOWN HERE OR PROVIDE AS AN ATTACHMENT**

**IMPORTANT TO NOTE**

AbbVie will not support funding requests for

- equipment for personal and professional reasons, such as laptops, e-readers, mobile phones, iPads or similar items
- start-up and operating costs of entities such as payment for office space, staff salaries or cost of utilities or repairs - support of healthcare honoraria, travel costs, or speaker fees. These must come through the individual funding request process.

## Previous Funding

Has this project been previously funded by AbbVie New Zealand?

Yes

No

If yes, please list the previous support provided and the amount provided:

Please outline the results of the previous funding and what was accomplished:

## Supporting documentation and other information

Please provide any other information that may be useful to your request:

## Statement

**Do you agree to provide a report to AbbVie on the outcome of targets or goals upon the conclusion of the funding support, if approved:**

Yes

No

On completion of this form, please send it to  
[HCOFundingApplicationANZ@abbvie.com](mailto:HCOFundingApplicationANZ@abbvie.com)

Any personal information provided to or collected by AbbVie Pty Ltd will be used for the purpose of providing you with information about AbbVie product, services, therapeutic areas, events and other information connected to AbbVie, to respond to requests by you, and as otherwise specified in our Privacy Policy located at [www.abbvie.com.au/privacy.html](http://www.abbvie.com.au/privacy.html). If you chose not to provide us with your personal information, AbbVie may not be able to provide you with information and/or access to services that may be of most relevance to or interest to you. AbbVie may share your personal information with AbbVie's group companies and with selected third party service providers (who may be located overseas) or as required by law. Please see our Privacy Policy for details on how we handle personal information. You may request access to or correction to personal information held by us about you or complain about a breach of the Australian Privacy Principles by contacting us at [PrivacyofficeANZ@abbvie.com](mailto:PrivacyofficeANZ@abbvie.com).