

Grant Application Checklist

This checklist provides all necessary information for anyone to begin applying for funding through the Lundbeck medical education grant portal and it is recommended that it is reviewed in its entirety before creating a login/registration and/or submitting a new application.

To submit an online grant request proposal, please be prepared to provide the following information and documentation:

1. Registration Information
 - Contact name, telephone and email address
 - Organization name and zip code
 - Organization tax identification number
2. Contact Information
 - Contact name, occupation, address, telephone number and email address
 - Contact type:
 - Administrator, Board Member, Development Staff, Executive Director, Grant Writer, Trustee
3. Organization Information
 - Organization name, address, telephone number and website address
 - Organization tax identification number
 - Organization's W-9, W-8 or W-8 BENE (Must be most current version, signed and dated within the last year)
4. Grant Request Summary
 - Activity title, start and end dates
 - Program summary including agenda
 - Description of alignment with Lundbeck US funding priority areas: Alzheimer's disease, Parkinson's disease, Neurogenic Orthostatic hypotension, Epilepsy, Treatment Resistant Schizophrenia
 - Target Audience
 - Program website (if applicable)
5. Provider Accreditation Certification or Status (e.g. ACCME)
6. Activity Details
 - Executive summary of grant application
 - Describe the gap, problem or educational need that the activity addresses
 - Describe what other organizations are doing to address this problem and what makes your approach unique
 - Describe the current activity objectives and how they will be met

- Provide an analysis of the activity's risks and limitations, including how these factors will be addressed or minimized
 - Provide the agenda and activity timeline
 - Explain how this activity can be adapted and expanded to meet increased need. If so, explain how.
 - What method(s) of communication will be used to support this activity?
 - Please describe your communications plan
 - Volunteer opportunities
7. Activity Budget
- Requested amount
 - Total activity budget
 - List non-Lundbeck supporters and amounts contributed to this specific activity
 - Detailed activity budget including a description of how the funds will be spent and how the request amount was determined
8. Grant Evaluation
- Explain how you define success for this activity
 - Describe the activity deliverables and expected outcomes (Moore's Expanded Outcomes) for this activity
Explain the assessment strategies that will be used to measure the activity's success
9. Lundbeck Letter of Agreement
- Complete and sign the Lundbeck LOA (available on this website)

For any medical education questions not answered by viewing this website please contact the Lundbeck Grants Office by calling (844) 634-7867 or via email at: mededgrants@lundbeck.com. Please allow at least 2-3 business days for a response to your email inquiry.
