

## Grant Request Form

Requesting Institution:	
Institution Address:	
Contact Name:	
Contact Address:	
Contact Phone:	
Contact Email:	

### Wright Certificate of Compliance

This certification is intended to comply with all applicable laws, rules and regulations regulating the subject matter of this request for funding and the relationship to the parties, including the federal anti-kickback status 42 U.S.C. 320a-7(b), as well as the related safe harbor regulations. Wright reserves the right to modify this certification for such reasons as Wright deems appropriate to maintain compliance with federal, state, local laws, rules, and regulations. I, the undersigned, certify that to the best of my knowledge, all of the following statements are true with respect to this request:

1. The receiving organization, its personnel, and I have not, implicitly or explicitly, solicited the requested donation in exchange for an agreement to purchase, use, order, or recommend Wright products.
2. No Wright representative implicitly or explicitly offered a donation to the receiving organization, its personnel, or me to purchase, use, order, or recommend Wright products or to reward prior purchases, uses, orders, or recommendations of Wright products.
3. The requested donation will not result in any private benefit to a health care provider who uses, orders, or recommends Wright products.
4. The receiving organization, its personnel, and I are not a person (or persons) or organization excluded from participation in Medicare, Medicaid, or other federal healthcare programs by the Department of Health and Human Services Office of Inspector General and is not barred from federal contracting by the General Services Administration.
5. The receiving organization, its personnel, and I are not a person (or persons) or organization identified on the U.S. State Department's Terrorist Exclusion List on the U.S. Treasury Department's list of Specially Designated National or Blocked Persons
6. I have read and accepted Wright's Code of Business Conduct  
[http://www.wright.com/wp-content/uploads/2015/04/014026A\\_11-May-2016-Code-of-Bus-Conduct-Manual\\_EN\\_LR\\_LE.pdf](http://www.wright.com/wp-content/uploads/2015/04/014026A_11-May-2016-Code-of-Bus-Conduct-Manual_EN_LR_LE.pdf)

Submitter's Name	
Submitter's Organization & Title	
Signature	
Date	

Attached Documentation		
W-9 <i>(required)</i>	501(c)3 <i>(required)</i>	Request on Company Letterhead <i>(required)</i>

### Request Details

*(Please include specific details as to what program(s) this grant would support along with the amount requested)*