

APPLICATION FOR CHARITABLE CONTRIBUTION



CARESTREAM GIVING GUIDELINES

All Charitable Contributions will be limited to:

- Supporting the education of HCPs involved in diagnostic imaging;
- Supporting the communities in which Carestream operates;
- Supporting Third Parties with a charitable mission related to individual or community health or health-related education;
- Responding to natural disasters;
- Supporting healthcare research; or
- Such other similar purpose as may be approved by the Grants and Charitable Contributions Committee from time to time.

COMPLIANCE WITH LAW, INDUSTRY STANDARDS AND COMPANY PROCEDURES

All Charitable Contributions, Educational Grants, and Independent Research Grants, must be provided in compliance with applicable laws, industry standards and Company policies. Under no circumstances will Charitable Contributions, Educational Grants and Independent Research Grants be offered or given in exchange for or as an inducement or reward for the purchase, recommendation, or use of Carestream products or services, or for any other corrupt purpose.

APPROVAL AUTHORITY AND OVERSIGHT

The Corporate Grants and Charitable Contributions Committee (the "Committee") has exclusive and independent approval authority over all Applications that are fundable and pass a compliance check for Charitable Contributions, Educational Grants, and Independent Research Grants. No Grants or Charitable Contributions may be issued using Company funds without advance written approval from the Committee in accordance with Company procedures. No other Carestream personnel or third party is authorized to offer, promise or issue Charitable Contributions, Educational Grants, or Independent Research Grants on Carestream's behalf without the Committee's express authorization.

IMPERMISSIBLE USES: Charitable Contributions

Charitable Contributions are not permitted for:

- Non-charitable purposes;
- Raffles, courtesy advertising, or trips;
- Charitable fundraising primarily involving a social event, such as athletic events (golf tournaments, softball games, bicycle rides, runs and walks), cocktail parties, galas, and auctions;
- Consulting or other services or goods provided to Carestream;
- Carestream promotional activities or events; or
- Conference advertising, Company displays or booth space.

Please submit the completed form below to WW-Grants-Charity@Carestream.com. Please include any questions and/or comments in the body of the email. An acknowledgement letter will be sent upon receipt of application.



APPLICATION FOR CARESTREAM HEALTH CHARITABLE CONTRIBUTION

REQUESTOR INFORMATION

Full Name: _____
Last *First* *M.I.*

Position/Title: _____ Company or Organization: _____

Address: _____
Street Address Suite/Floor/Room #

City Province State/Country Postal Code

Office Phone: _____ Alternate Phone: _____

Email: _____

Gov't/Tax ID: _____ KPPS# _____
(France Only):

NPI# (US Only): _____ State License #: _____

Carestream Primary Contact (if none, put N/A): _____

Amount Requested: _____ Product Requested: _____

Deadline for Receipt of Funding Request: _____

REQUIRED DOCUMENTATION

Provide a brief description of the activity for which the charitable contribution will be used:

ELIGIBILITY QUESTIONNAIRE

- 1) The requested charitable contribution is intended to be used solely for charitable purposes?
 Yes No
- 2) Are you or one of your parent or sister organizations currently doing business with Carestream, or have an open tender for which Carestream has placed a bid?

Yes

No

If yes, please describe:

3) Is your organization now or has it ever been convicted of any crimes or excluded from participation in government funded healthcare programs?

Yes

No

If yes, please provide details as to the nature and reason for the criminal conviction and/or exclusion and your organization's current status.

4) To the best of your knowledge, has your organization ever received any grant or charitable contribution from Carestream Health during the past five years?

Yes

No

If yes, please provide the dates, locations and descriptions of the grants or charitable contributions and the amount of Carestream Health's funding for each.

5) If a decision is made to support this Charitable Contribution request, will the beneficiary of the funds be an individual healthcare professional or a private practice group?

Yes

No

Agreement to Accuracy and to Abide by Ethical Laws and Standards

I represent that all the information submitted in this request is accurate and I agree to abide by all applicable laws and ethical standards relating to this request. The requested Charitable Contribution is not intended as a price term or in place of a price concession. The requested Charitable Contribution is not contingent on the purchase of any Carestream Health products and is not intended to encourage the recipient to purchase or recommend Carestream Health products. I also understand that should my Charitable Contribution request be approved, additional documentation may be required and I will be required to sign a letter of agreement with Carestream Health prior to receiving any funding.

Full Name:

Last *First* *M.I.*

Signature:

Signature Date:
