

## **Business Needs/Fair Market Value Assessment Form**

This form is to be used whenever Sunovion, or any of its subsidiaries or affiliates (“Sunovion”) is entering into an agreement for the provision of services with a party that is in a position to purchase or prescribe (or influence the purchase or prescribing of) Sunovion products. The purpose of this form is to document the business need for the service(s) and to ensure that the fees paid by Sunovion constitutes fair market value for the service(s). Fill in all sections where applicable.

<b>Full Legal Name of Outside Party:</b>	
<b>Title of Program:</b>	
<b>Product:</b>	
<b>Date and Duration of Program:</b>	
<b>Requestor/Primary Contact:</b>	
<b>Date Submitted:</b>	
<b>Reviewed By:</b> <i>(Applicable EVP or their designee VP or above)</i>	
<b>Reviewed By:</b> <i>(Legal)</i>	

<b>Program Purpose/Business Need/ Objective:</b>  Check one and provide further description:  <input type="checkbox"/> Training Services <input type="checkbox"/> Data/Reporting Services <input type="checkbox"/> Financial Services <input type="checkbox"/> Administrative Services <input type="checkbox"/> Inventory Management Services <input type="checkbox"/> Promotional Services <input type="checkbox"/> Other (Please specify):	<u>Objective:</u>  <u>Description:</u>
<b>Program Discussion Topics (attach agenda):</b>	

<p><b>Sunovion</b>  personnel/representatives  attending (including their roles):  <b>Consultant</b> Selection  Methodology and Qualifications:    <b>[Curriculum Vitae is required]</b></p>	
<p><b>Number of Consultants  Participating:</b></p>	
<p><b>Recommended Fees based on  Fair Market Value for Faculty  and/or Attendees:</b></p>	<p><u>Recommended Fees:</u>  (based on FMV tier)</p> <p><u>Fair Market Value Determined by</u> (check all that apply):</p> <p><input type="checkbox"/> Personal knowledge of other substantially similar agreements or transactions entered into by Sunovion or other organizations.</p> <p><input type="checkbox"/> Fee is standard for the industry for the specific type of service(s) provided.</p> <p><input type="checkbox"/> An evaluation performed by a reputable, knowledgeable third party source familiar with the value of the service(s) in question.</p> <p><u>Specify third party source:</u></p> <p><input checked="" type="checkbox"/> Other (please specify):  <u>See attached objective criteria</u></p>
<p><b>Venue (consistent with  Sunovion policies):</b></p>	
<p><b>Projected Program Outcomes, if  applicable:</b></p>	
<p><b>Mechanism of Dissemination  for Output (how information will  be collected and disseminated  post Program*):</b></p>	

**\*A final copy to be provided to Legal**

**Attach Agenda**

**I hereby certify that the information provided on this form is true and correct; the purchase of the services outlined above satisfies an important and legitimate business need; the aggregate services contracted for do not exceed those which are reasonably necessary to accomplish a commercially reasonable business need; and the fee is consistent with the fair market value for such services and has been negotiated independent of, and is unrelated to, any other business arrangement with this entity**

Signature of Requestor: \_\_\_\_\_  
Print Name:  
Title:  
Date:

Signature of EVP/  
or their designee  
(VP or above) \_\_\_\_\_  
Print Name:  
Title:  
Date: