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We contribute to the best interests of patients, the medical and research profession, our employees and communities.

Genentech
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How to apply for Scientific Project Support
Tip Sheet

i Scientific Project Support

Scientific Project Support provides funding for general research, translational research, other research or development projects, and / or other initiatives of research organizations, labs, and academic institutions. Other scientific project that fall into this category are Third Party Awards made through major association (i.e. Career Development Awards, Young Investigator Awards, Advanced Clinical Research Awards, etc.)

Research collaborations, clinical trials and associated correlative research involving or undertaken in relation to Genentech or Roche products (whether investigational and / or approved for other uses) are excluded from this type of support

✓ Checklist

You need to submit the funding request at least 60 days prior to the start of the activity. Requests submitted with less lead time will be time will be not accepted by the system or denied. Prior to submitting the funding request, make sure that you have prepared the following information:

☐ W-9 form
  New applicants: Visit the IRS website for a blank W-9 if you don't have a current, signed W-9
  Returning applicants: The W-9 must be signed and dated within the last 3 years

☐ Tax ID #

☐ Tax status

☐ Organization's annual budget

☐ Address
  This is the location to which an approved payment will be sent

☐ Number of employees in the organization

☐ Itemized budget for the project for which funding is requested
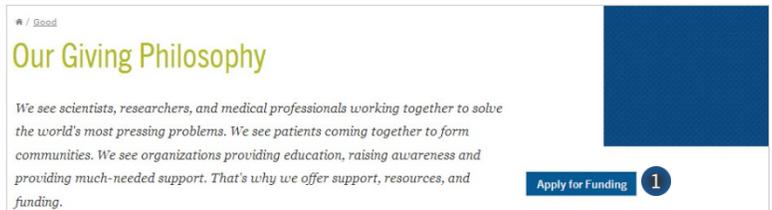
☐ Scientific Project description

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I   Log In

› **Go to funding.gene.com**
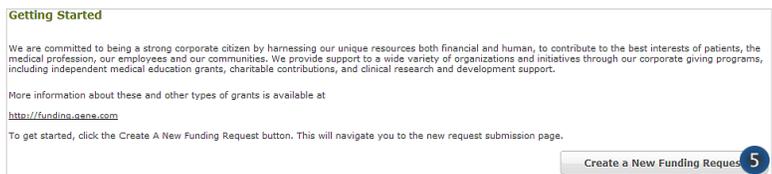
1. Click the "Apply for Funding" link

› **Enter your Account information**

2. User name
    This is the email address used when you registered as a user

3. Password
    This is the password you created when you registered as a user

4. Click "Log in…"
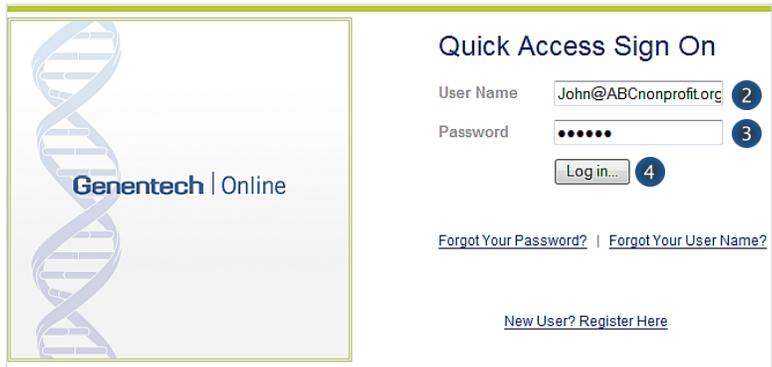
5. Click on the "Create a New Funding Request" link

II   Organization Registration

› **Complete the Tax information**

The following information will be pre-populated if you have previously used the Genentech Funding Request System

1. Select where the organization is located

2. If the organization is located in the United States, enter Tax ID
    Format: 12-1234567. Must match Tax-ID on W-9

2a. Or, if the organization is not located in the United States, enter the unique non-US Tax-ID

3. If organization is located in the United States, provide the tax status
    Tax status must match tax status on W-9

3a. Or, if the organization is not located in the United States, confirm if you have W-8BEN status

4. Click "Continue"

>>> **Or** >>>

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II Organization Registration (continued)

› **Complete the Organization Detail section**

You will not be able to make any Organization Detail information changes if your Organization has been previously registered. Please contact our customer support at 877.313.5778 to make updates.

1. Enter the Organization name

2. Select the Organization type

   Please select carefully. Once saved, only a system administrator can edit your selection.

   Select "Other" only if no listed option applies.

   For organization type "Charitable Foundation", answer the following additional questions:

2a. Is it a Charitable Foundation of a group practice? If yes, please answer question 2b

2b. How many physicians are in the group practice that sponsors this foundation?

3. Enter the organization's annual budget

   Annual budget includes all programs and events, in addition to the operating budget

4. Enter the Organization's website address

5. Enter the Organization's mission

6. Enter the Number of employees

7. Confirm if organization purchases Genentech / Roche products

8. Confirm if organization prescribes Genentech / Roche products

9. Confirm if organization develops Medicare recognized compendia or nationally recognized treatment guidelines

10. Is your organization a Sole Proprietorship?

    This question is applicable if your organization is For-Profit and US based

11. Confirm if organization is owned wholly or in part by a physician or a group of physicians

    The answer defaults to "No" if the tax status is 501 (c) (3) or 501 (c)(6), or if Governmental Organization

12. Enter the Parent organization name and Parent organization tax ID, if applicable (optional)

13. Click "Save and Continue"

___

› **Upload the W-9 (or W-8BEN) form**

W-9 or W-8BEN form must be signed and dated within the last 3 years

1. Click on "Choose File" to select and upload the W-9 or W-8BEN form

   To replace the uploaded copy, click on "Choose File" and select the new copy

2. Click "Save and Continue"

Tax ID

Organization Detail

* Organization name	ABC Non profit	1
* Organization type		2
Organization's annual budget (An organization's overall annual budget includes all events hosted by that organization in addition to its operating budget)	100.000,00	3
* Organization's website address	ABCnonprofit.org	4

>>> If Organization Type is "Charitable Foundation" >>>

Tax ID

Organization Detail

* Organization name	ABC Non profit	
* Organization type	Charitable Foundation	2
* Is this a Charitable foundation of a group practice?	Yes	2a
* How many physicians are in the group practice that sponsors this foundation?		2b
Organization's annual budget (An organization's overall annual budget includes all events hosted by that organization in addition to its operating budget)	100.000,00	3
* Organization's website address	ABCnonprofit.org	4

Organization's mission

The organization's mission is...   5

Number of employees	500	6
* Does your organization purchase Genentech/Roche products?	No	7
* Does your organization prescribe Genentech/Roche products?	No	8
* Does your organization develop Medicare recognized compendia or nationally recognized treatment guidelines?	No	9
* Is your organization a Sole Proprietorship?	No	10
* Is this organization owned in whole or in part by a physician or a group of physicians?	No	11
Parent organization name		12
Parent organization tax ID		

Back   Save and Continue   13

W-9

Select a Location

___

Tax ID

Organization Detail

W-9

Please ensure that your Organization Tax Id 98-7654321 matches the W-9 / W-8BEN on file.

ABCnonProfit-W9-Form.pdf

*W-9 Form / W-8BEN Form

Choose File no file selected   1

Back   Save and Continue   2

Select a Location

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II Organization Registration (continued)

› **Provide the Location information**

This is the location to which an approved payment will be sent

1. If the location was previously registered, select the location

Make sure the record displays the most current information. If not, please edit

2. If the location is not pre-populated, select "New Location"

3. Enter the Payee name

Must be the organization's name and not a person's name

4. Enter the Address

5. Enter the City

6. Select the State

7. Enter the Province / region / territory

8. Enter the Zip code

9. Select the Country

10. Click "Save and Continue"

▸ Tax ID	
▸ Organization Detail	
▸ W-9	
▾ Select a Location	

○ * New Location (Please input details below) ②
◉ ABC Non-Profit ①
   123 Street Name

Department/Chapter Information:

* Payee name	ABC Non-Profit	③
* Address	123 Street Name	④
* City	City Name	⑤
State	CA	⑥
Province/region/territory		⑦
* Zip code	94000	⑧
* Country	United States	⑨

Back   Save and Continue ⑩

III Funding Type Selection

› **Complete the Funding Type selection**

1. Indicate what you are seeking funding for

Option 2 will apply for most scientific project support requests: "A scientific program"

2. Validate your selection

Your selection can not be changed once you proceed from this point

3. Click "Continue"

Funding Type Selection

What are you seeking funding for?

○ An educational event/meeting, conference, activity, or program
◉ A scientific project ①
○ A fellowship
○ A fundraiser, health screening, K-12 education program, community event, or other charitable cause
○ An exhibit booth or tabletop at a scientific/medical meeting or convention
○ Any other opportunity that provides promotional or marketing benefits

Scientific Project Support – These support requests provide funding for general research, translational research, other research or development projects, and/or other initiatives of research organizations, labs, and academic institutions. Research collaborations, clinical trials and associated correlative research involving or undertaken in relation to Genentech or Roche products (whether investigational and/or approved for other uses) are excluded from this type of support. ②

Please confirm your selection prior to clicking continue. This selection cannot be changed once you proceed from this point.

③

Back   Continue

IV	Application

› **Complete the Application information**

A unique "Request ID" has been assigned to the funding request

1. Enter the Requested amount

2. Select the Therapeutic area

3. Select the Disease state

If you can not find the applicable disease state in the drop-down list, please select "other"

4. If you selected "other", please specify which Disease State applies to this request

5. Select the Event / program type

6. Enter the Event / program title

7. Enter the Purpose of the support / program description

Provide a short description of the program including format, scope, and number of programs covered. You will be provided an opportunity to upload additional documentation later, if needed

8. Enter the Needs assessment summary

Provide a brief description of the need that the program addresses. What are the identified clinical gaps that justify the need for education?

9. Enter the Program objectives

Describe the key learnings that attendees will take away from this program

10. Indicate if any portion of funding from Genentech will be paid to a licensed physician

11. Indicate if the funding from this request will be used specifically to develop clinical practice guidelines or algorithms

Example of clinical practice guidelines: Statements that include recommendations intended to help practitioners to make appropriate healthcare decisions for specific clinical conditions

12. Indicate if your organization is an NCI-designated Cancer Center

13. Click "Save and Continue"

Application - Scientific Project Support

Request ID   G-14273

* Requested amount   `100000.00`   ①

* Therapeutic area   `Immunology`   ②

* Disease state   `Allergic Asthma`   ③

If you selected "other", please specify which Disease State applies to this request   ④

* Event / program type   `Young investigator awards`   ⑤

* Event / program title   `Program Title goes here`   ⑥

* Purpose of the support/program description (Provide a description of the program including format, scope, number of programs covered; given limited space in this section, you'll be given an opportunity to upload additional documentation, later if needed.)

`Brief description goes here` ⑦

* Needs assessment summary (Please provide an explanation of the community need or a justification for this meeting, if applicable)

`Brief description goes here` ⑧

* Program objectives (Describe the key learnings that attendees will take away from this program. Program objectives should be consistent with the needs assessment.)

`Brief description goes here` ⑨

* Should Genentech fund this request, will any portion of payment be paid to a licensed physician?   `Yes` ⑩

* Will the funding from this request be used specifically to develop clinical practice guidelines or algorithms?   `No` ⑪

* Is your organization an NCI-designated Cancer Center?   `No` ⑫

`Back`   `Save and Continue` ⑬

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› **Complete the Program details**

The request needs to be submitted at least 60 days prior to the start of the event / program

1. Enter the Start date

2. Enter the End date
    Last date of the program

3. Enter the Venue name

4. Enter the Venue city

5. Select the Venue state

6. Enter the Venue province / regions / territory

7. Enter the Venue zip code

8. Select the Venue country

9. Click "Save and Continue"

Program Details

Please note: funding requests must be started at least 60 days prior to the start of the activity.

* Start date	10/30/2014	(1)
	[10/30/2013]	
* End date	10/30/2015	(2)
	[10/30/2013]	
Venue name	ABC Hotel	(3)
* Venue city	City	(4)
Venue state	AS	(5)
Venue province/region/territory		(6)
* Venue zip code	12345	(7)
* Venue country	United States	(8)

Back   Save and Continue   (9)

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VI Budget

› **Complete the Budget for the project**

1. Enter the Total Overall Budget

   The Total Overall Budget includes all expenses for the event / activity, including expenses that will not be covered by the requested amount

2. Entered so far

   This amount is automatically calculated as you enter the budget items in the table below

3. Select the Category

   See Appendix A for a complete list of categories

4. Select the Subcategory

   See Appendix A for a complete list of subcategories

5. Enter the Amount by item

6. Enter the Quantity

7. Enter an Explanation / Description of the budget line item

8. Click "Add Line Item" for the next budget item

9. Track the Budget Total

   The Budget Total is calculated automatically

   The Budget Total has to be equal to the Total Overall Budget entered above

10. Click "Save and Continue"

    If you have any empty lines, you will need to delete them in order to proceed

How to Enter Budget Items
Click in the first category cell. A drop-down menu will appear. Select from the options.
Enter all values in each line item in order to proceed to the next line item.
In the Explanation field, be sure to enter a short, concise description of the expense.

Adding New Line Items to the Budget
After starting the detailed budget, click "add line item" below to add more budget categories.
The budget details you enter are tallied in the section "entered so far."

For Fundraiser Requests
Please include only the expense related costs for the fundraiser.
For example, proceeds from the fundraiser are not expense related costs.

Requested Amount — $50,000.00

* Total Overall Budget (Please include all expenses for the event/activity, including expenses that will not be covered by the requested amount.) — $100,000.00 ①

Entered so far — $50,000.00 ②

▼ Budget ③ ④ ⑤ ⑥ ⑦

Actions	Category	Subcategory	Amount	Quantity	Explanation
Delete	Infrastructure	Administrative Overh...	$21,600.00	1	Fees & Tuition
Delete	Infrastructure	Lab Expense	$15,000.00	1	Lap Reasearch Costs
Delete	Infrastructure	Equipment Purchas...	$13,400.00	1	Lap Equipment

Budget Total $50,000.00 ⑨

Add Line Item ⑧

Back   Save and Continue ⑩

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VII	Attachments

1. Upload File Attachments

   The first document is mandatory. Attach any additional documents to describe the program. Limit 25 MB total

   If you would like to submit more than 5 documents, send them via email to fundingquestions@gene.com. Make sure to reference the Funding Request ID

   If you would like to replace one of the uploaded documents, click "Choose File" to select and upload a new document

2. Click "Save and Continue"

File Attachments ①

* Project Description	Choose File	no file selected
	Project-Description.pdf	
Additional document 1	Choose File	no file selected
Additional document 2	Choose File	no file selected
Additional document 3	Choose File	no file selected
Additional document 4	Choose File	no file selected
Additional document 5	Choose File	no file selected

② **Save and Continue**

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VIII   Confirmation

› **Submit the Funding Request**

1. If you are a member of the requesting organization and are legally authorized to sign the Letter of Agreement (LOA) on behalf of the organization, select "I am legally authorized"

2. Click "Print Preview" to print and review the funding request you are about to sign

3. Click "Submit"

4. You have now completed the application. Click OK to submit or Cancel to go back to make changes or print before submission.

>>> Or >>>

Funding Request Final Submission
Review your funding request. Click the "Print Preview" button. Click "Submit" to send your request to Genentech for review. Upon submitting, changes cannot be made to the funding request application.

All approved funding requests require a signed letter of agreement (LOA) prior to funding. Please indicate below whether you are authorized to sign a LOA on behalf of your organization.

(1) ○ I am legally authorized   ○ I am not legally authorized

Print Preview (2)   Back   Submit (3)

Home | Help | FAQs | Contact Us | My Organization | My Profile | Logout

Funding Request Final Submission
Review your funding request. Click the "Print Preview" button. Click "Submit" to send your request to Genentech for review. Upon submitting, changes cannot be made to the funding request application.

All approved funding requests require a signed letter of agreement (LOA) prior to funding. Please indicate below whether you are authorized to sign a LOA on behalf of your organization.

○ I am legally authorized

You have now completed the application. Click OK to submit, or Cancel to go back to make changes or print before submission

Print Preview   (4)   Back   Submit

Cancel   OK

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>>> Or >>>

5. If you are not legally authorized to sign the LOA on behalf of the organization, select "I am not legally authorized"

› **Enter the Organization Authorized Signer information**

The Authorized Signer cannot be a Genentech employee

6. Enter the First name

7. Enter the Last name

8. Enter the Email address
The email address needs to be that of the Authorized Signer specified above

9. Re-enter the Email address (confirmation)

10. Click "Print Preview" to print and review the funding request

11. Click "Submit"

12. You have now completed the application. Click OK to submit or Cancel to go back to make changes or print before submission.

Funding Request Final Submission
Review your funding request. Click the "Print Preview" button. Click "Submit" to send your request to Genentech for review. Upon submitting, changes cannot be made to the funding request application.

All approved funding requests require a signed letter of agreement (LOA) prior to funding. Please indicate below whether you are authorized to sign a LOA on behalf of your organization.

○ I am legally authorized   ● I am not legally authorized (5)

You specified that you are not an authorized signer for this organization. Please provide the information for an authorized signer below.

Organization Authorized Signer Information: (Should not be a Genentech employee)

* First name	Mary (6)
* Last name	Smith (7)
* E-mail Address	Mary@ABCNonprofit.org (8)
* E-mail Address (confirmation)	Mary@ABCNonprofit.org (9)

Print Preview (10)   Back   Submit (11)

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Funding Request Final Submission
Review your funding request. Click the "Print Preview" button. Click "Submit" to send your request to Genentech for review. Upon submitting, changes cannot be made to the funding request application.

All approved funding requests require a signed letter of agreement (LOA) prior to funding. Please indicate below whether you are authorized to sign a LOA on behalf of your organization.

● I am legally authorized

You have now completed the application. Click OK to submit, or Cancel to go back to make changes or print before submission

Print Preview   (12)   Back   Submit

Cancel   OK

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IX Request Status

› **Check the Status of the request**

1. Click the "Home" tab

2. Review "My Required Tasks"
   This section lists tasks that are required from you. Example: signing the LOA

3. Review "My Funding Request"
   This section lists the status of your request

Funding Request Final Submission

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Getting Started

We are committed to being a strong corporate citizen by harnessing our unique resources both financial and human, to contribute to the best interests of patients, the medical profession, our employees and our communities. We provide support to a wide variety of organizations and initiatives through our corporate giving programs, including independent medical education grants, charitable contributions, and clinical research and development support.

More information about these and other types of grants is available at

http://funding.gene.com

To get started, click the Create A New Funding Request button. This will navigate you to the new request submission page.

[Create a New Funding Request]

My Required Tasks

Action	Request Id	Information Requested	Status

My Funding Requests

Action	Request Id	Program Title	Date Submitted	Requested Amount	Status
View		G-11707	ABC Non-Profit Event	12/3/2012	$20,000.00	: Submitted

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X   Respond to an RFI

› **A Request for Information (RFI) is generated by the Genentech Funding Request System when a Genentech reviewer has questions about the funding request. If an RFI is generated, you will receive an email notification describing the request sections requiring additional information. The email will be sent to the email address specified in the request**

> *Important: You must respond within 10 days or the request may be canceled*

Getting Started

We are committed to being a strong corporate citizen by harnessing our unique resources both financial and human, to contribute to the best interests of patients, the medical profession, our employees and our communities. We provide support to a wide variety of organizations and initiatives through our corporate giving programs, including independent medical education grants, charitable contributions, and clinical research and development support.

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To get started, click the Create A New Funding Request button. This will navigate you to the new request submission page.

[Create a New Funding Request]

My Required Tasks   (1)

Action	Request Id	Information Requested	Status
RFI (2)	G-05655	Please respond to the RFI for Funding Request: G-05655	Open

› **To respond to an RFI, log into the Genentech Funding Request System**

1. Go to the "My Required Tasks" section

2. Click on the RFI link under the "Action" column highlighted in red

   This will open the request page

3. Click "Continue" until you have access to the fields requiring additional information

▼ Tax ID

* Where is this organization located?	United States
* Tax ID	98-7654321
* Tax status	501 (c)(3)

[Continue] (3)

▸ Organization Detail

▸ W-9

▸ Select a Location

› **Once you have reached the section you have been asked to update, respond accordingly. Then, click "Save and Continue"**

› **To re-submit the Funding Request**

4. Confirm whether or not you are the legally Authorized Signer

5. Click "Re-Submit"

Funding Request Final Submission

Review your funding request. Click the "Print Preview" button. Click "Submit" to send your request to Genentech for review. Upon submitting, changes cannot be made to the funding request application.

All approved funding requests require a signed letter of agreement (LOA) prior to funding. Please indicate below whether you are authorized to sign a LOA on behalf of your organization.

(4)

◉ I am legally authorized   ○ I am not legally authorized

[Print Preview]   [Back] [Re-Submit] (5)

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XI	Sign the LOA

› **All grants must abide by the terms in the Genentech Letter of Agreement (LOA), which is issued to an Authorized Signer of the requesting organization once the application is approved. The Authorized Signer must agree to the terms of the LOA before any funding is issued**

> *The LOA can only be signed by the legally Authorized Signer for the organization*

Getting Started

We are committed to being a strong corporate citizen by harnessing our unique resources both financial and human, to contribute to the best interests of patients, the medical profession, our employees and our communities. We provide support to a wide variety of organizations and initiatives through our corporate giving programs, including independent medical education grants, charitable contributions, and clinical research and development support.

More information about these and other types of grants is available at

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To get started, click the Create A New Funding Request button. This will navigate you to the new request submission page.

Create a New Funding Request

My Required Tasks ①

Action	Request Id	Information Requested	Status
RFI	G-05655	Please respond to the RFI for Funding Request: G-05655	Open
Letter of Agreement ②	05655	Please sign the LOA for Funding Request: G-05655	Open

› **To sign the LOA, log into the Genentech Funding Request System**

1. Go to the "My Required Tasks" section

2. Click on the Letter of Agreement link under the "Action" column highlighted in red

› **On the LOA page**

3. Click "Print to PDF" to print a copy of the LOA before accepting the LOA (optional)

Letter of Agreement

Please review the entire LOA below then indicate your approval at the bottom of the page.   **Print to PDF** ③

Regarding Terms, Conditions and Purposes of an Educational Grant between Test Organization for Prod Verifications ("Recipient") and Genentech, USA. ("Genentech").

Authorized Signer:	Imed Gc
Address:	99 First St
City:	Denver
State:	CO
Zip Code:	80002
Program / Event Title:	Test Outcomes Test (the "Activity")
Request ID:	G-05655
Program / Event Date:	11/1/2012

Genentech wishes to provide support for the above-referenced independent medical education Activity by means of a grant in the amount of $3,500.00 (hereafter, the "Request Payment").   By accepting this grant, Institution agrees to use the funds solely for the Activity and to comply with the terms and conditions of this Letter of Agreement.

› **Navigate to the bottom of the LOA to sign the LOA**

4. Enter your Name

5. Enter your PIN number
This is the PIN number you created when you registered as a new user

6. Click "Approve"
Once approved, the LOA will be accessible from the Genentech Funding Request System "Home" screen for your review

Approved:

GENENTECH USA, INC.

By:

Name: Nancy Lutz-Paynter

Title: Associate Director

I hereby acknowledge and agree with the terms and conditions set forth in this Agreement and represent and warrant that I have authority to sign on behalf of Test Organization for Prod Verifications ("Recipient").

By:

Name:

Your Name	Your PIN
Mary Smith ④	1234 ⑤
	Forgot your pin?

Approve ⑥

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XII Evaluations

› **Once the funding request has been approved, the grant requestor will be asked to provide an evaluation. The Evaluation page allows you to submit an attachment as necessary.**

› **To enter the Evaluations, log into the Genentech Funding Request System**

1. Go to the "My Required Tasks" section

2. Click on the Evaluations link under the "Action" column highlighted in red

› **On the Evaluations page**

3. Enter a description of the funded initiative and explain how the goals of the project were met. *If the goals of the project were not met, please explain why.*

4. Indicate if you are planning to publish the results of the funded initiative in a peer-reviewed journal

5. Indicate if the results of the study have been presented or if you are planning to present the results at any scientific meetings

6. Click on "Choose File" to select and upload a summary of the research results

7. Click "Submit"

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Category	Subcategory	Category	Subcategory
Accreditation	▪ Accreditation Fees ▪ Certificate Fees	*Miscellaneous (explain)*	▪ Other (explain)
Association Fee	▪ Association Fee	*Printing & Production*	▪ Brochures ▪ Handouts ▪ Invitations ▪ Mailing Lists / Labels ▪ Meeting Materials / Signage ▪ Patient Materials ▪ Programs
Honoraria	▪ Chair ▪ Faculty		
Hotel / Lodging	▪ Faculty ▪ Non-Physician Faculty ▪ Staff		
Infrastructure	▪ Administrative Overhead ▪ Dues / Subscriptions ▪ Equipment Purchase / Lease ▪ Facility Construction / Lease ▪ Insurance ▪ Lab Expense ▪ Salaries – Contractor ▪ Salaries – Full Time ▪ Utilities	*Screenings*	▪ Lab Processing Fees ▪ Test Kits ▪ Tests
		Shipping & Posting	▪ Courier Expense / Mailing Expense ▪ Office Supplies
Management Fees	▪ Account & Activity Management ▪ Activity Marketing ▪ Audience Generation ▪ Content Development / Creative Development & Production ▪ Content Development / Editorial Fees ▪ Content Development / Medical Writing & Scientific Review ▪ Educational Effectiveness Measures ▪ Legal Fees	*Travel*	▪ Faculty Airfare ▪ Faculty Mileage Reimbursement ▪ Faculty Train ▪ Ground Transportation / Parking ▪ Per Diem ▪ Staff Airfare ▪ Staff Mileage Reimbursement ▪ Staff Train
		Venue	▪ A/V Equipment - Rental & Labor ▪ Meetings Rooms ▪ On site Meeting Support ▪ Teleconference Fees
Marketing	▪ Advertising ▪ Flyers ▪ Mailings	*Website Development*	▪ Web Design / Functionality ▪ Website Hosting ▪ Web Maintenance
Meals	▪ Break / Snacks ▪ Breakfast ▪ Lunch ▪ Dinner		

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