

Issue Date: July 27, 2016

Call for Grant Notification: Healthcare-Related Charitable Support

The Advocacy Relations team at Genentech, a member of Roche Group, invites the non-profit community to submit applications for grants subject to the terms below. This Call for Grants Notification (CGN) provides public notice of the availability of funds in a general topic area for activities for which recognized needs exist.

Purpose: As part of our mission and commitment to philanthropy, Genentech supports non-profit organizations **focusing on patient education, patient services and advocacy**. The purpose of this CGN is to support initiatives focused on the patient and caregiver community. Support requests must be healthcare-related and consistent with therapeutic or technological area(s) in which Genentech and/or Roche is active. This CGN is intended to support initiatives that address broad cross-disease issues.

Notification: Genentech CGNs are made available through the online Genentech Funding Request System (gFRS) site (<http://funding.gene.com>). In addition, an email is distributed to registered gFRS users who have previously applied for healthcare-related charitable support. A WebEx detailing CGN funding priorities and the CGN application process will be available to those interested the week after posting on **Monday August 1, 2016**.

Eligibility Criteria: Applicants must be U.S.-based and registered on the Genentech Funding Request System (gFRS). Each applicant's organization must be recognized by the IRS as a tax exempt, public charity under section 501(c)(3) of the Internal Revenue Code and must be located in the United States.

Geographical Scope: The programs and services **must be U.S.-based only**.

NEW! Submission Instructions for Executive Summary:

1. Applicants who meet the eligibility criteria and are interested in submitting a response to this CGN must first complete a brief **Executive Summary** through the following [link](https://goo.gl/forms/CeLLEfd1RgFMt6M73) or paste the URL (<https://goo.gl/forms/CeLLEfd1RgFMt6M73>) into a new browser.
2. **Deadline for Executive Summary submission will be Friday September 9, 2016 (11:59pm Pacific Time).**
Note: Do not submit your initial application through gFRS.
3. By **Monday September 26, 2016**, a Genentech Grant Manager will contact (i.e. by email) those applicants whose Executive Summaries were selected for further review.
4. Those applicants who receive notifications of potential interest may then submit full grant proposal applications online through gFRS. Further instructions will be provided in the email notification.
Deadline to submit full grant proposal will be **Monday October 3, 2016 (11:59pm Pacific Time)**.

Award Decision Date/Mechanism: Final approvals and denials for those who are selected to submit a full application in gFRS will be communicated via standard grant-submission means (i.e. email notifications) no later than **Monday November 21, 2016**. *There have been no pre-determined approvals. All submissions will be reviewed equally and thoroughly.*

Applicants should not respond to this CGN unless they have read and understood the terms, purpose and requests identified below. Applicants are expected to identify and address issues that are aligned to this CGN.

Proposed projects with budgets between \$20,000-100,000 will be considered; this CGN will fund up to five projects in total. Please note that Genentech cannot be the sole sponsor for any given project.

<p>Topic and Funding Priorities</p>	<p>Early Diagnosis/Detection</p> <p>As part of our commitment to philanthropy, Genentech supports nonprofit organizations focusing on patient education, patient services and advocacy. The purpose of this CGN is to support initiatives focused on the patient and caregiver community. Support requests must be healthcare-related and consistent with therapeutic or technological area(s) in which Genentech and/or Roche is active. Types of programs and services considered as part of this CGN include, but are not limited to the following: Patient Services, Patient Outreach, Patient Education, Disease Education, Fundraisers, and Health Screenings.</p>
<p>Introduction and Background</p>	<p>For many life-threatening and/or debilitating diseases such as cancer, diabetes, cardiovascular disease and neurodegenerative disorders, early detection is important because it may significantly increase the chances for successful treatment and/or lower the risk of complications.¹</p> <p>Major components of early detection include but are not limited to: education to promote early diagnosis and screening.¹ Screening refers to the use of simple tests across a large population in order to identify individuals who have disease, but do not yet have symptoms.¹ Examples include breast cancer screening using mammography and cervical cancer screening using cytology-based methods.¹</p> <p>The U.S. Preventive Services Task Force has issued evidence-based recommendations in favor of screening for many conditions, including high blood pressure, high cholesterol, diabetes, colorectal cancer (CRC), and lung cancer.² USPSTF recommendations have also been adopted by the Centers for Disease Control and Prevention as part of its prevention checklist.³</p> <p>Despite existing recommendations, good practices for early detection may not be readily adopted.⁴ According to the CDC, in 2010, 72% of women reported mammography within the recommended period, and 83% reported cervical screening, but only 59% of men and women were up to date with CRC screening.^{4,5} A 2013 update showed that mammography use remained essentially stable, Pap test use declined, and CRC test use was essentially unchanged.⁶</p> <p>A variety of barriers to early detection have been identified. For example, barriers to lung cancer screening include lack of education about screening.⁷ Elevated poverty rates and geographic isolation also create additional barriers.⁷ Psychosocial barriers to early detection may include negative attitude towards screening, conducive social norms, and low perceived risk, especially in the absence of symptoms.⁴</p> <p>Misperceptions may also be a barrier to early detection. For example, a recent survey found that 59% of respondents incorrectly believed that Alzheimer's is a typical part of aging, and 40% believed that Alzheimer's is not fatal.^{8,9} These barriers can lead to stigma, delays in seeking medical assistance or reluctance to communicate with health care providers.⁸</p>

**Call for Grants
Notice
Requirements
and Aim**

Aim
Genentech is committed to addressing barriers to early diagnosis/detection within the patient community. This CGN will support proposals focusing on programs/services to address documented unmet needs in the caregiver/patient community, such as, but not limited to

- Increase patient awareness regarding the availability of diagnostic tests and screening programs to enable more informed decision-making.
- Increase awareness of and access to appropriate screening programs among underserved populations.
- Address misperceptions about screening and early diagnosis among patients and the public.
- Educate patients and caregivers regarding changes to screening recommendations that are issued in response to new scientific evidence.
- Create services to support patients and caregivers' ability to participate in screening and early detection efforts.

Disclaimer: Please note that Genentech is not seeking to change screening, diagnostic, or treatment guidelines; proposals that advocate a change in such guidelines cannot be funded under this CGN.

Call for Grants Notice Requirements

Proposals should define the unmet need being addressed in the project and utilize evidence from internal (e.g., surveys of constituents, qualitative data from front-line staff) and external (e.g., consensus reports, peer-reviewed journal articles) data sources to help establish a clear view on the unmet need.

Successful applications will include patient-focused solutions to documented unmet needs through a project that includes: an innovative program or service, well-defined process and outcome evaluation metrics, and a conceptual plan for expansion and sustainability.

Out-of-the-box and non-traditional models of service delivery are encouraged. Applicants are also encouraged to utilize a collaborative approach to this effort and work with other organizations, though each application must be submitted individually by a single organization selected to represent the project for this CGN.

Additional Considerations: Grant requests must be submitted at least 60 days prior to the project / program start date. The following uploads are required to submit your application: W-9 Form / W-8BEN form, promotional materials and/or event advertising (if applicable), meeting agenda (if applicable) and detailed / itemized budget.

Genentech's Grant Decision-Making Policy: Please refer to the publicly available criteria, which can be found at <http://funding.gene.com>.

Terms and Conditions:

1. All grant applications received in response to this CGN will be reviewed in accordance with all Genentech policies and policy guidelines.
2. This CGN does not commit Genentech to award a grant or to pay any costs incurred in the preparation of a response to this request.

3. Genentech reserves the right to approve or deny any or all applications received as a result of this request or to cancel, in part or in its entirety, this CGN.
4. For compliance reasons, and in fairness to all applicants, all communications about this CGN must come exclusively to Genentech's department of Advocacy Relations. Failure to comply will automatically disqualify applicants.
5. Failure to follow instruction within this CGN may result in a denial.

Transparency: Genentech, at its sole discretion, has the right to disclose the details of funded healthcare related charitable support, including those that may be required by federal, state, and/or local laws and regulations. This disclosure may include, but shall not be limited to, details of the activity and the grant amount. The information may be disclosed to the public in a manner including, but not limited to, disclosure on the Genentech website.

References:

1. World Health Organization. Early Detection of Cancer. <http://www.who.int/cancer/detection/en/> (Accessed February 26, 2016)
2. U.S. Preventive Services Task Force. USPSTF A and B Recommendations. Current as of: February 2016. <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/> (Accessed April 8, 2016)
3. Centers for Disease Control and Prevention. CDC Prevention Checklist. Last updated: May 8, 2015. <http://www.cdc.gov/prevention/> (Accessed April 8, 2016)
4. Wardle J, Robb K, Vernon S, Waller J. Screening for prevention and early diagnosis of cancer. *Am Psychol*. 2015 Feb-Mar; 70(2): 119-33. <http://www.ncbi.nlm.nih.gov/pubmed/25730719> (Accessed April 8, 2016)
5. Centers for Disease Control and Prevention. Cancer screening—United States, 2010. Published on January 27, 2012. *Morbidity and Mortality Weekly Report*, 61(03);41-45. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6103a1.htm> (Accessed April 8, 2016)
6. Centers for Disease Control and Prevention. Cancer screening—United States, 2013. Published on May 8, 2012. *Morbidity and Mortality Weekly Report*, 64(17);464-468. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a4.htm> (Accessed April 8, 2016)
7. American Public Health Association. Online Program: Building a Lung Cancer Screening Program for a High Risk Population. Presented on November 3, 2015. <https://apha.confex.com/apha/143am/webprogram/Paper328183.html> (Accessed April 8, 2016)
8. Alzheimer's Association. Policy Brief: Early Detection and Diagnosis of Alzheimer's Disease. December 2015. <http://www.alz.org/publichealth/downloads/policy-brief.pdf> (Accessed February 26, 2016)
9. Alzheimer's Association. Press release on the Alzheimer's & Brain Awareness Month International Survey, June 19, 2014. https://www.alz.org/documents_custom/abam_intl_survey_release.pdf (Accessed April 8, 2016)