Genentech Corporate Giving and GrantsTip Sheet | Fellowship Funding

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





i Healthcare-Related Charitable Support

Fellowships are for grants to independent professional organizations, independent charitable organizations, or other eligible institutions, where the funds are used to support advanced study by clinical and research professionals at an accredited university or teaching institution

You need to submit the funding request at least 60 days prior to the start of the activity. Requests submitted with

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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:
☐ Tax ID #
☐ Tax Status
☐ Organization's annual budget
☐ Number of employees in the organization
☐ 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 on the most current IRS W-9 form.
☐ IRS 501(c)(3) determination letter
If your organization is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, please upload your IRS determination letter.
□ 990 form
Please upload your current 990 form filed with the IRS.
☐ Address and/or Bank Account Information (for ACH/Wire payments)
The location or bank account to which an approved payment will be sent.
☐ Fellowship / Program description
☐ Itemized budget for the program for which funding is requested
☐ Program advertising materials





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How to apply for a Fellowship Funding

Tip Sheet

Log In

- Go to funding.gene.com
 - 1. Click the "Apply for Funding" link
- Enter your Account information
 - 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
 - Click "Log in..."
 - Click on the "Create a New Funding Request" link

Our Giving Philosophy We see scientists, researchers, and medical professionals working together to solve the world's most pressing problems. We see patients coming together to form communities. We see organizations providing education, raising awareness and providing much-needed support. That's why we offer support, resources, and funding.



Organization Registration

> Complete the Tax information

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

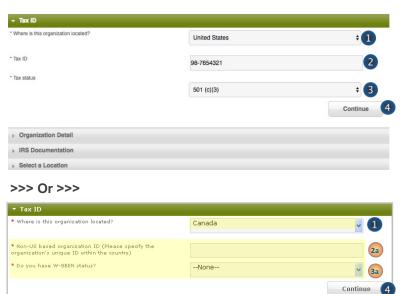
- 1. Select where the organization is located
- 2. If the organization is located in the United States, enter Tax ID

Format: 12-1234567. Must match Tax-ID on W-9

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







Tip Sheet

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.

- 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?
- Enter the organization's annual budget
 Annual budget includes all programs and events, in addition to the operating budget
- Enter the Organization's website address
- 5. Enter the Organization's mission
- 6. Enter the Number of employees
- Confirm if organization purchases Genentech / Roche products
- Confirm if organization prescribes Genentech / Roche products
- Confirm if organization develops Medicare recognized compendia or nationally recognized treatment guidelines
- Is your organization a Sole Proprietorship?
 This question is applicable if your organization is For-Profit and US based
- Confirm if organization is owned wholly or in part by a physician or a group of physicians

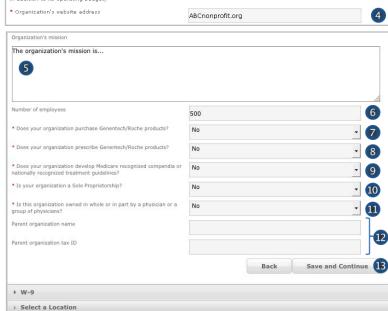
The answer defaults to "No" if the tax status is 501 (c)(3) or 501 (c)(6), or if Governmental Organization

- Enter the Parent organization name and Parent organization tax ID, if applicable (optional)
- 13. Click "Save and Continue"



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















Tip Sheet

Organization Registration (continued)

Upload the W-9 (or W-8BEN) form

W-9 or W-8BEN form must be signed and on the most current IRS form

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

- Upload the IRS 501(c)(3) determination letter
 - Click on "Choose File" to select and upload the IRS 501(c)(3) determination letter
- Upload the current 990 form
 - Click on "Choose File" to select and upload the 990

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

Click "Save and Continue"









Tip Sheet

Organization Registration (continued)

Provide the Location information

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

If the location was previously registered, select the location

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

- If the location is not pre-populated, select "New Location"
- Enter the Payee name Must be the organization's name and not a person's name
- Enter the Address
- Enter the City
- Select the State
- 7. Enter the Province / region / territory
- Enter the Zip code 8.
- Select the Country
- 10. Click "Save and Continue"

Drganization Detail ▶ IRS Documentation ▼ Select Address for Payment * Add new payment address (Please input details below) ABC Non-Profit Mail Payment to: * Do you have PO Box? ABC Non-Profit Enter a location 123 Street Name Address 2 Suite, Unit, Bldg, Floor, etc. City Name CA Province/region/territory * Zip code 94000 United States Save and Continue 10

III Funding Type Selection

Complete the Funding Type selection

- Indicate what you are seeking funding for Option 3 will apply to fellowship funding requests: "A fellowship"
- Validate your selection Your selection can not be changed once you proceed from this point
- Click "Continue"









Tip Sheet

V Application

Complete the Application information

A unique Request ID is automatically assigned to the funding request. Please reference the Request ID in all communications related to this request

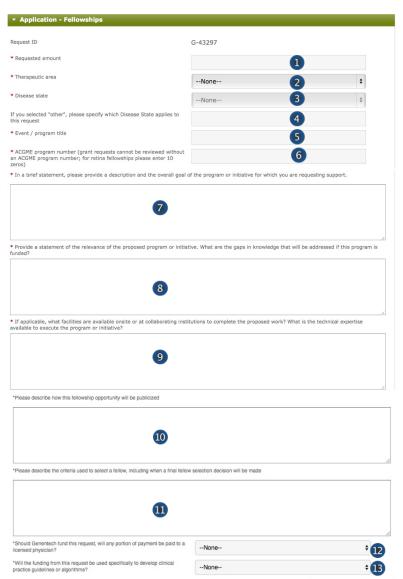
- Enter the Requested amount
- 2. Select the Therapeutic area
- Select the corresponding Disease state
 If you can not find the applicable disease state in
 the drop-down list, please select "other"
- 4. If you selected "other", please specify which Disease State applies to this request
- 5. Enter the Event / program title
- 6. Enter the ACGME program number
 Grant requests cannot be reviewed without an
 ACGME program number
 For retina fellowships please enter 10 zeros
- 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

- Enter the program gaps in knowledge that will be addressed
- Enter, if applicable, internal or external facilities and technical expertise that is available for this program
- Describe how this fellowship opportunity will be publicized
- Describe the criteria used to select a fellow, including when a final fellow selection decision will be made
- Indicate if any portion of funding from Genentech will be paid to a licensed physician
- 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

14. Click "Save and Continue"







Save and Continu



Tip Sheet

Application (continued)

Complete the Demographic Data

Please note this data will not impact the grant decision making processes.

When considering the populations primarily served by the overall grant, indicate the demographic categories that apply, specifically:

1. Indicate the Age groups primarily served by the

Select relevant groups from the "Available" list and click the right arrow to move the selection into the "Chosen" list

If there are no demographic groups specifically targeted through the grant, select "General Public," where applicable.

You may also select "Choose not to specify" if desired.

- 2. Indicate the Gender Identity and Sexual Orientation of groups primarily served by the overall grant
- 3. Indicate the Race and Ethnicity of groups primarily served by the overall
- 4. Indicate the Social and Economic Status of groups primarily served by the overall grant
- 5. Indicate the Health and Insurance Status of groups primarily served by the overall grant
- 6. Indicate the Work Status of groups primarily served by the overall grant
- 7. Indicate if the funding from this request will primarily support ESL / Non-English speaking populations
- 8. Click "Save and Continue"

Children and Youth (0-17)

speaking populations?

Available

Please complete the following fields about the primary population(s) served by the overall grant, where applicable. This data aims to help us understand and track how our giving reflects the communities we serve, in the aggregate. Please note that this data will not impact grant decisionmaking proce



American Indian or Alaskan Natives Black or African American n Hispanic, Latino, or Spanish Origin Hawaiian or Other Pacific Islander Middle Eastern or North African General Public (Race and Ethnicity)
Choose not to specify (Race and Ethnicity)

* Social and Economic Status Available Economically disadvantaged people At-risk youth
Immigrants and migrants
Incarcerated people
General Public (Social and Economic Status) D Choose not to specify (Social and Economic Status)

Available Chosen People with disabilities Uninsured n Underinsured General Public (Health and Insurance Status) Choose not to specify (Health and Insurance Status)

Available Unemployed people Veterans General Public (Work Status) Choose not to specify (Work Status) n 6 0 * Does the grant primarily support ESL / Non-English Choose not to specify (ESL) 7

Save and Continue Back







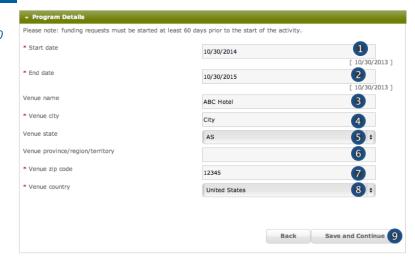
Tip Sheet

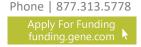
V Program Details

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
- 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"









Tip Sheet

VI Budget

Complete the Budget for the program

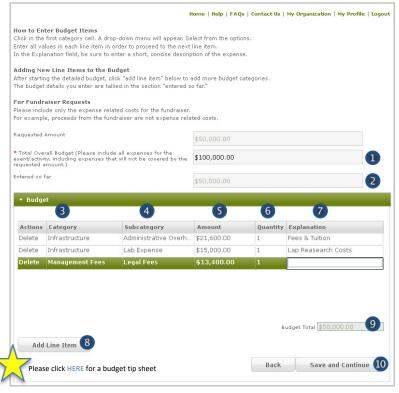
Enter the Total Overall Budget
 The Total Overall Budget includes all expenses for the event / activity, including expenses that will not be covered by the requested amount

2. Entered so far

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

- Select the Category
 See Appendix A for a complete list of categories
- Select the Subcategory
 See Appendix A for a complete list of subcategories
- 5. Enter the Amount by item
- 6. Enter the Quantity
- 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





TIPs: Entering the Budget

- All budget line items should be entered using the available category and subcategory available in the online system.
- Budget items should be broken down using the per unit value in each amount column and the number of units in the units column.
- 3. To navigate effectively, use of the TAB key is helpful.
- 4. The use of the Microsoft Internet Explorer browser is not recommend, but will still function.
- 5. Do not enter any \$-sign's or decimal values.
- Refrain from using the Misc. Other line item category, though if necessary, make sure detailed information is entered into the comments section.
- Refrain from using the Infrastructure line item category, though if necessary, make sure detailed information is entered into the comments section.
- Confirm that all line items (i.e. meals, honoraria, lodging, and airfare, etc.) are properly broken down before submission.







Tip Sheet

VII Attachments

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

Click "Save and Continue"
 You may be required to provide additional information depending on the information you submitted with your request







Tip Sheet

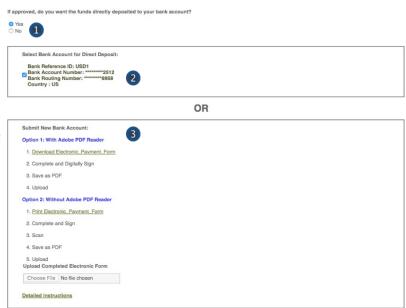
Payment Method

Complete the Payment Method

Please note that electronic payments are more secure and faster than a check payment.

If the grant is approved and funds should be directly deposited to the organization's bank account

- Select "Yes" for funds to be directly deposited to the organization's bank account
- If your organization previously set-up its bank account, the bank account will be pre-selected
- Or if a new bank account needs to be set-up, follow one of the options to complete the Electronic Payment Form and upload the completed form
- Click "Save and Continue"



Save and Continue Back

>>> Or >>>

If the grant is approved and funds should be mailed to the organization's address

- Select "No" for funds to be mailed by check to the organization's address
- Click "Save and Continue"



If information is incorrect, please contact fundingquestions@gene.com







Tip Sheet

X Confirmation

Submit the Funding Request

- 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"
- Click "Print Preview" to print and review the funding request you are about to sign
- 3. Click "Submit"
- You have now completed the application. Click OK to submit or Cancel to go back to make changes or print before submission.

>>> Or >>>

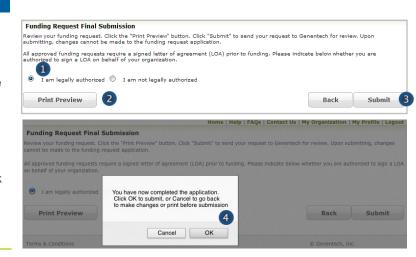
- If you are not legally authorized to sign the LOA on behalf of the organization, select "I am not legally authorized"
- Enter the Organization Authorized Signer information

The Authorized Signer cannot be a Genentech employee

- 6. Enter the First name
- 7. Enter the Last name
- 8. Enter the Email address

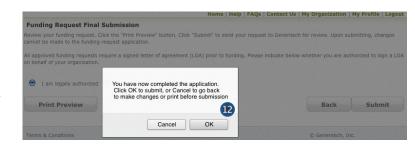
 The email address needs to be that of the

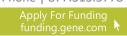
 Authorized Signer specified above
- 9. Re-enter the Email address (confirmation)
- Click "Print Preview" to print and review the funding request
- 11. Click "Submit"
- You have now completed the application. Click OK to submit or Cancel to go back to make changes or print before submission.



>>> Or >>>











Tip Sheet

Request Status

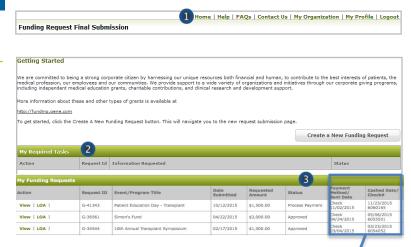
- Check the Status of the request
 - 1. Click the "Home" tab
 - 2. Review "My Required Tasks"

 This section lists tasks that are required from you. Example: signing the Letter of Agreement
 - 3. Review "My Funding Requests"

 This section lists the status of your request
 - Review the payment and any check-related information

This section will show you any information that is available for your supported programs including the payment method and date, check number, and the date the check was cashed.

Note: If your payment method was an electronic payment (e.g. ACH), not all of the information will be populated. Payment date and cashed date are the same day.



Payment Method/ Sent Date	Cashed Date/ Check#
Check 12/09/2015	12/20/2015 / 4 6 5 7 3 8
ACH 11/23/2015	
Check 12/18/2015	
Check 11/23/2015	12/20/2015 / 4 6 5 7 3 8
Check	







Tip Sheet

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 receive an email notification describing the request sections requiring additional information. The email will be sent to the email address specified in the request

funding request. If an RFI is generated, you will Create a New Funding Request Request Id Information Requested G-05655 Please respond to the RFI for Funding Request: G-05655 Important: You must respond within 10 days or the request may be canceled

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

Getting Started

- To respond to an RFI, log into the Genentech **Funding Request System**
 - Go to the "My Required Tasks" section
 - Click on the RFI link under the "Action" column highlighted in red

This will open the request page

- Click "Continue" until you have access to the fields requiring additional information
- 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
 - Confirm whether or not you are the legally **Authorized Signer**
 - Click "Re-Submit"



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 nedical profession, our employees and our communities. We provide support to a wide variety of organizations and initiatives through our corporate giving programs noticuling independent medical education grants, charitable contributions, and clinical research and development support.









Tip Sheet

XII 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

- To sign the LOA, log into the Genentech Funding Request System
 - Go to the "My Required Tasks" section
 - Click on the Letter of Agreement link under the "Action" column highlighted in red
- On the LOA page
 - Click "Print to PDF" to print a copy of the LOA before accepting the LOA (optional)

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 https://doi.org/10.1008/ncm.net/

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

Hy Required Tasks

Action

Request Id

Information Requested

Status

RFI

G-05655

Please respond to the RFI for Funding Request: G-05655

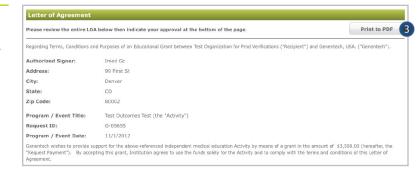
Open

Letter of Agreement

2 36555

Please sign the LOA for Funding Request: G-05655

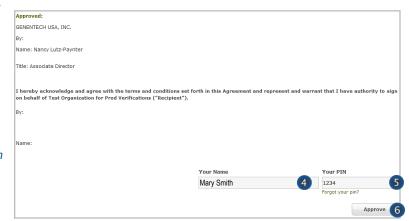
Open



- 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









Tip Sheet

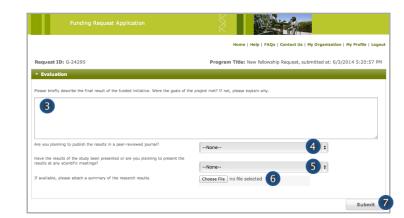
XIII Evaluations

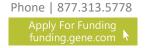
- Once the funding request has been approved, the grant requestor will be asked to provide an evaluation. The Evaluation page allows you to submit an attachment as necessary.
- To enter the Evaluations, log into the Genentech Funding Request System
 - 1. Go to the "My Required Tasks" section
 - Click 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.
- Indicate if you are planning to publish the results of the funded initiative in a peer-reviewed journal
- 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"









How to apply for a Fellowship Funding Tip Sheet

Appendix A – Overview | Budget Categories

Category	Subcategory
Accreditation	Accreditation FeesCertificate Fees
Association Fee	 Association Fee
Honoraria	■ Chair ■ Faculty
Hotel / Lodging	FacultyNon-Physician FacultyStaff
Infrastructure	 Administrative Overhead Dues / Subscriptions Equipment Purchase / Lease Facility Construction / Lease Insurance Lab Expense Salaries - Contractor Salaries - Full Time Utilities
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
Marketing	AdvertisingFlyersMailings
Meals	Break / SnacksBreakfastLunchDinner

Category	Subcategory
Miscellaneous (explain)	Other (explain)
Printing & Production	 Brochures Handouts Invitations Mailing Lists / Labels Meeting Materials / Signage Patient Materials Programs
Screenings	Lab Processing FeesTest KitsTests
Shipping & Posting	Courier Expense / Mailing ExpenseOffice Supplies
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
Website Development	Web Design / FunctionalityWebsite HostingWeb Maintenance

