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



How to apply for Fellowship Funding

Tip Sheet



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



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 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

☐ Organizations' 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

☐ Fellowship / Program description

☐ Program advertising materials

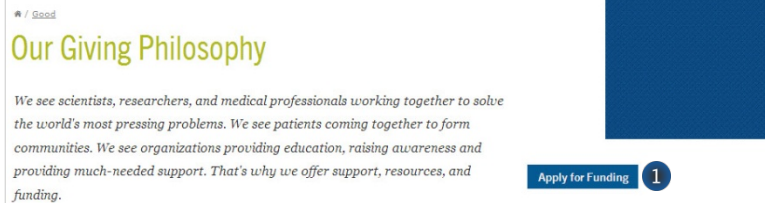


How to apply for a Fellowship Funding Tip Sheet

I. Log In

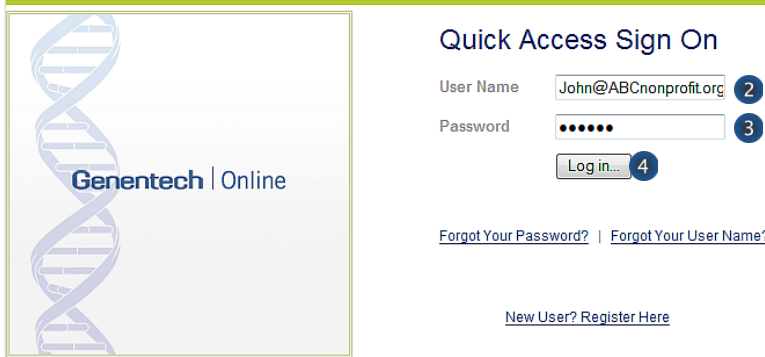
> Go to funding.gene.com

1. Click the "Apply for Funding" link

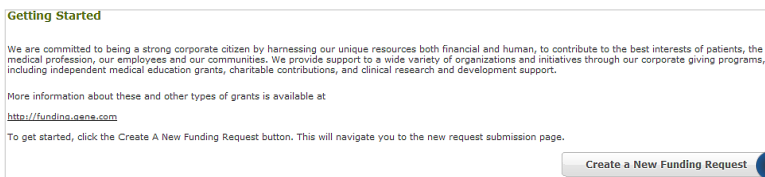


> Enter your Account information

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"

Tax ID

Where is this organization located?

United States

Tax ID

98-7654321

Tax status

501 (c)(3)

Continue

Organization Detail

W-9

Select a Location

>>> Or >>>

Tax ID

Where is this organization located?

Canada

Non-US based organization ID (Please specify the organization's unique ID within the country)

Do you have W-8BEN status?

--None--

Continue

2a

3a



How to apply for a Fellowship Funding Tip Sheet

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"

► 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 2

* Organization type Charitable Foundation 2a

* Is this a Charitable Foundation of a group practice? Yes 2b

* How many physicians are in the group practice that sponsors this foundation? 3

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 12

Back Save and Continue 13

► W-9

► Select a Location

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

▼ 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



How to apply for a Fellowship Funding Tip Sheet

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”

The screenshot shows a web form for Organization Registration. The 'Select a Location' section has two options: '* New Location (Please input details below)' (labeled 2) and 'ABC Non-Profit 123 Street Name' (labeled 1). Below this is the 'Department/Chapter Information' section with fields for: Payee name (ABC Non-Profit, labeled 3), Address (123 Street Name, labeled 4), City (City Name, labeled 5), State (CA, labeled 6), Province/region/territory (labeled 7), Zip code (94000, labeled 8), and Country (United States, labeled 9). At the bottom right are 'Back' and 'Save and Continue' buttons (labeled 10).

III Funding Type Selection

Complete the Funding Type selection

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

The screenshot shows the 'Funding Type Selection' form. It asks 'What are you seeking funding for?' with five radio button options: 'An educational event/meeting, conference, activity, or program', 'A scientific project', 'A fellowship' (labeled 1), 'A fundraiser, health screening, K-12 education program, community event, or other charitable cause', and 'An exhibit booth or tabletop at a scientific/medical meeting or convention'. Below these is a text box for 'Fellowships' (labeled 2) which states: 'These support requests 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.' At the bottom are 'Back' and 'Continue' buttons (labeled 3).



How to apply for a Fellowship Funding Tip Sheet

IV 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

1. Enter the Requested amount
2. Select the Therapeutic area
3. 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
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 program gaps in knowledge that will be addressed
9. Enter, if applicable, internal or external facilities and technical expertise that is available for this program
10. Select whether the fellowship is focused on basic research
11. Describe how this fellowship opportunity will be publicized
12. Describe the criteria used to select a fellow, including when a final fellow selection decision will be made
13. Indicate if any portion of funding from Genentech will be paid to a licensed physician
14. 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
15. Click "Save and Continue"

Application - Fellowships

Request ID

G-43297

* Requested amount

1

* Therapeutic area

2

* Disease state

3

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

4

* Event / program title

5

* ACGME program number (grant requests cannot be reviewed without an ACGME program number; for retina fellowships please enter 10 zeros)

6

* In a brief statement, please provide a description and the overall goal of the program or initiative for which you are requesting support.

7

* Provide a statement of the relevance of the proposed program or initiative. What are the gaps in knowledge that will be addressed if this program is funded?

8

* If applicable, what facilities are available onsite or at collaborating institutions to complete the proposed work? What is the technical expertise available to execute the program or initiative?

9

* Is this fellowship focused on basic research (i.e. non-clinical and non-medical)?

10

* Please describe how this fellowship opportunity will be publicized

11

* Please describe the criteria used to select a fellow, including when a final fellow selection decision will be made

12

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

13

* Will the funding from this request be used specifically to develop clinical practice guidelines or algorithms?

14

Save and Continue

15



How to apply for a Fellowship Funding Tip Sheet

IV Application

Complete the Foundation information

This section may already be completed if previous grant requests have been submitted, but please review and update as needed.

1. Enter the organization's outstanding accounts payable
2. Enter the salary of the highest paid executive
3. Indicate if there is a pending lawsuit against your organization
4. Upload audited financials for the last three years
5. Upload form 990 for the last three years
6. Click "Save and Continue"

The screenshot shows a web form titled "Foundation" with the following fields and callouts:

- 1. "Organization's outstanding accounts payable" - Input field with placeholder "Enter \$ amount here".
- 2. "Salary of the highest paid executive" - Input field with placeholder "Enter \$ amount here".
- 3. "Are there any pending lawsuits against your organization?" - Dropdown menu with "No" selected.
- 4. "Audited Financials for last three years" - File upload section with three "Choose File" buttons and "pdf Document.pdf" labels.
- 5. "Form 990 - last three years" - File upload section with three "Choose File" buttons and "pdf Document.pdf" labels.
- 6. "Save and Continue" button at the bottom right.



How to apply for a Fellowship Funding Tip Sheet

IV Application (continued)

Demographic Data

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 grant

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”

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 processes.

*** Age**

Available	Chosen
Children and Youth (0-17)	1
Young Adults (18-39)	
Adults (40-60)	
Seniors (60+)	
General Public (Age)	
Choose not to specify (Age)	

*** Gender Identity and Sexual Orientation**

Available	Chosen
Males	2
Females	
LGBTQ	
General Public (Gender Identity and Sexual Orientation)	
Choose not to specify (Gender Identity and Sexual Orientation)	

*** Race and Ethnicity**

Available	Chosen
American Indian or Alaskan Natives	3
Asian	
Black or African American	
Hispanic, Latino, or Spanish Origin	
Hawaiian or Other Pacific Islander	
Middle Eastern or North African	
Multiracial	
White	
General Public (Race and Ethnicity)	
Choose not to specify (Race and Ethnicity)	

*** Social and Economic Status**

Available	Chosen
Economically disadvantaged people	4
At-risk youth	
Immigrants and migrants	
Incarcerated people	
General Public (Social and Economic Status)	
Choose not to specify (Social and Economic Status)	

*** Health and Insurance Status**

Available	Chosen
People with disabilities	5
Uninsured	
Underinsured	
General Public (Health and Insurance Status)	
Choose not to specify (Health and Insurance Status)	

*** Work Status**

Available	Chosen
Unemployed people	6
Veterans	
General Public (Work Status)	
Choose not to specify (Work Status)	

*** Does the grant primarily support ESL / Non-English speaking populations?**

Choose not to specify (ESL) 7

Back Save and Continue 8



How to apply for a Fellowship Funding 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
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
* End date	10/30/2015	2
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



How to apply for a Fellowship Funding 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
- 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
- Enter the Amount by item
- Enter the Quantity
- Enter an Explanation / Description of the budget line item
- Click "Add Line Item" for the next budget item
- Track the Budget Total
The Budget Total is calculated automatically
The Budget Total has to be equal to the Total Overall Budget entered above
- Click "Save and Continue"
If you have any empty lines, you will need to delete them in order to proceed

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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

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

Entered so far 2

Budget

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	Management Fees	Legal Fees	\$13,400.00	1	

Budget Total 9

Add Line Item 8

Please click [HERE](#) for a budget tip sheet

Back Save and Continue 10



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.
- To navigate effectively, use of the TAB key is helpful.
- The use of the Microsoft Internet Explorer browser is not recommend, but will still function.
- 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.



How to apply for a Fellowship Funding Tip Sheet

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"

You may be required to provide additional information depending on the information you submitted with your request

The screenshot shows a web form titled "File Attachments" with a circled "1" in the top right corner. The form has a table with five rows for document uploads. The first row is labeled "Fellowship Description" with a red asterisk and a circled "1". The other four rows are labeled "Additional document 1" through "Additional document 5". Each row has a "Choose File" button and the text "no file selected". The first row also shows the filename "Fellowship-Description.pdf". At the bottom right of the form is a "Save and Continue" button with a circled "2" next to it.

File Attachments	
* Fellowship Description	<input type="button" value="Choose File"/> no file selected Fellowship-Description.pdf
Additional document 1	<input type="button" value="Choose File"/> no file selected
Additional document 2	<input type="button" value="Choose File"/> no file selected
Additional document 3	<input type="button" value="Choose File"/> no file selected
Additional document 4	<input type="button" value="Choose File"/> no file selected
Additional document 5	<input type="button" value="Choose File"/> no file selected

Save and Continue



How to apply for a Fellowship Funding Tip Sheet

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

2 [Print Preview](#) [Back](#) [Submit](#) 3

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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.

4 ☒ I am legally authorized ☐ I am not legally authorized

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

4 [Print Preview](#) [Back](#) [Submit](#)

Cancel OK

Terms & Conditions © Genentech, Inc.

>>> 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
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.

5 ☐ I am legally authorized ☒ I am not legally authorized

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 6

* Last name 7

* E-mail Address 8

* E-mail Address (confirmation) 9

10 [Print Preview](#) [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.

12 ☒ I am legally authorized ☐ I am not legally authorized

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

12 [Print Preview](#) [Back](#) [Submit](#)

Cancel OK

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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.

12 ☒ I am legally authorized ☐ I am not legally authorized

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

12 [Print Preview](#) [Back](#) [Submit](#)

Cancel OK

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How to apply for a Fellowship Funding Tip Sheet

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 Letter of Agreement
3. Review “My Funding Requests”
This section lists the status of your request
4. 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.

Funding Request Final Submission

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	Event/Program Title	Date Submitted	Requested Amount	Status	Payment Method/ Sent Date	Cashed Date/ Check#
View LOA	G-41343	Patient Education Day - Transplant	10/12/2015	\$1,500.00	Process Payment	Check 11/02/2015	11/23/2015 6060165
View LOA	G-36561	Simon's Fund	04/22/2015	\$3,000.00	Approved	Check 04/24/2015	05/06/2015 6055301
View LOA	G-34544	10th Annual Transplant Symposium	02/17/2015	\$1,000.00	Approved	Check 03/04/2015	03/23/2015 6054052

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	



How to apply for a Fellowship Funding Tip Sheet

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

- › **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

- › **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”

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 1

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

▼ 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

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

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Re-Submit 5



How to apply for a Fellowship Funding Tip Sheet

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

- › **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)

- › **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

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
RFI	G-05655	Please respond to the RFI for Funding Request: G-05655	Open
Letter of Agreement	G-05655	Please sign the LOA for Funding Request: G-05655	Open

Letter of Agreement

Please review the entire LOA below then indicate your approval at the bottom of the page.

Print to PDF

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

Authorized Signer: Imad 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.

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

Mary Smith

Your PIN

1234

Forgot your pin?

Approve



How to apply for a Fellowship Funding Tip Sheet

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”

Action	Request Id	Information Requested	Status
Evaluations	G-24267	Please provide the Evaluation for Funding Request: G-24267 post final event/program end date.	Open



How to apply for a Fellowship Funding Tip Sheet

* Appendix A – Overview | Budget Categories

Category	Subcategory
<i>Accreditation</i>	<ul style="list-style-type: none"> ▪ Accreditation Fees ▪ Certificate Fees
<i>Association Fee</i>	<ul style="list-style-type: none"> ▪ Association Fee
<i>Honoraria</i>	<ul style="list-style-type: none"> ▪ Chair ▪ Faculty
<i>Hotel / Lodging</i>	<ul style="list-style-type: none"> ▪ Faculty ▪ Non-Physician Faculty ▪ Staff
<i>Infrastructure</i>	<ul style="list-style-type: none"> ▪ Administrative Overhead ▪ Dues / Subscriptions ▪ Equipment Purchase / Lease ▪ Facility Construction / Lease ▪ Insurance ▪ Lab Expense ▪ Salaries – Contractor ▪ Salaries – Full Time ▪ Utilities
<i>Management Fees</i>	<ul style="list-style-type: none"> ▪ 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
<i>Marketing</i>	<ul style="list-style-type: none"> ▪ Advertising ▪ Flyers ▪ Mailings
<i>Meals</i>	<ul style="list-style-type: none"> ▪ Break / Snacks ▪ Breakfast ▪ Lunch ▪ Dinner

Category	Subcategory
<i>Miscellaneous (explain)</i>	<ul style="list-style-type: none"> ▪ Other (explain)
<i>Printing & Production</i>	<ul style="list-style-type: none"> ▪ Brochures ▪ Handouts ▪ Invitations ▪ Mailing Lists / Labels ▪ Meeting Materials / Signage ▪ Patient Materials ▪ Programs
<i>Screenings</i>	<ul style="list-style-type: none"> ▪ Lab Processing Fees ▪ Test Kits ▪ Tests
<i>Shipping & Posting</i>	<ul style="list-style-type: none"> ▪ Courier Expense / Mailing Expense ▪ Office Supplies
<i>Travel</i>	<ul style="list-style-type: none"> ▪ Faculty Airfare ▪ Faculty Mileage Reimbursement ▪ Faculty Train ▪ Ground Transportation / Parking ▪ Per Diem ▪ Staff Airfare ▪ Staff Mileage Reimbursement ▪ Staff Train
<i>Venue</i>	<ul style="list-style-type: none"> ▪ A/V Equipment - Rental & Labor ▪ Meetings Rooms ▪ On site Meeting Support ▪ Teleconference Fees
<i>Website Development</i>	<ul style="list-style-type: none"> ▪ Web Design / Functionality ▪ Website Hosting ▪ Web Maintenance