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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 Healthcare-Related Charitable Support

Tip Sheet



Healthcare-Related Charitable Support

Healthcare-Related Charitable Support is consistent with a therapeutic or technological area in which Genentech or Roche is active. Genentech prioritizes and focuses funding towards programs and events such as: Patient Services, Patient Outreach, Patient Education, Disease Education, Fundraisers, Health Screenings, Scientific / Medical Meetings, Conferences, Seminars and Symposia



Checklist

You need to submit the funding request at least 60 days prior to the project / program start. Requests submitted with less lead time will not be 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 program for which funding is requested

☐ Program agenda

☐ Program advertising materials



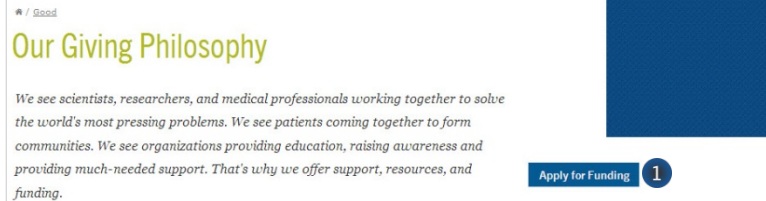
How to apply for Healthcare-Related Charitable Support

Tip Sheet

I Login

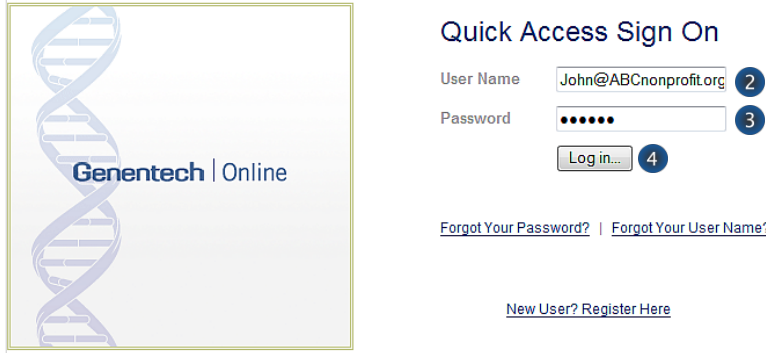
> Go to funding.gene.com

1. Click the "Apply for Funding" link

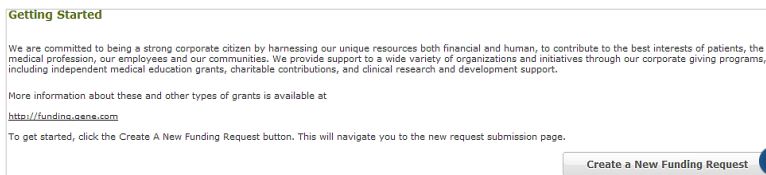


> Enter your account information

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. If the organization is not located in the United States, enter the unique non-US Tax-ID
- 2b. If the organization is not located in the United States, confirm if you have W-8BEN status
3. Provide the organization's tax status
If the organization is located in the United States, tax status must match tax status on W-9
4. Click "Continue"

Tax ID

* Where is this organization located? 1

* Tax ID 2

* Tax status 3

4

Organization Detail

W-9

Select a Location

>>> Or >>>

Tax ID

* Where is this organization located? 1

* Non-US based organization ID (Please specify the organization's unique ID within the country) 2a

* Do you have W-8BEN status? 2b

* Tax status 3

4



How to apply for Healthcare-Related Charitable Support

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

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

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"



How to apply for Healthcare-Related Charitable Support

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. At the top, there are tabs for 'Tax ID', 'Organization Detail', and 'W-9'. Below these is a section titled 'Select a Location' with a dropdown arrow. Under this section, there is a list of locations. The first item is 'ABC Non-Profit' with the address '123 Street Name', which is highlighted with a blue circle and the number 1. To the right of this list is a button labeled 'New Location' with a blue circle and the number 2. Below the location list is a section titled 'Department/Chapter Information:'. This section contains several input fields: 'Payee name' (filled with 'ABC Non-Profit', callout 3), 'Address' (filled with '123 Street Name', callout 4), 'City' (filled with 'City Name', callout 5), 'State' (filled with 'CA', callout 6), 'Province/region/territory' (empty, callout 7), 'Zip code' (filled with '94000', callout 8), and 'Country' (filled with 'United States', callout 9). At the bottom right of the form are two buttons: 'Back' and 'Save and Continue' (callout 10).



How to apply for Healthcare-Related Charitable Support

Tip Sheet

III Funding Type Selection

> Complete the Funding Type selection

1. Indicate what you are seeking funding for
Option 1 and option 4 will apply to most healthcare-related charitable programs
If option 1 is selected, "An educational event / meeting, conference, activity, or program", you will be prompted to answer the following additional question
- 2a. Indicate who the target audience is for your event
If "Healthcare providers" is selected, please refer to the Independent Medical Education Grant Request Tip Sheet
If "Researchers or Scientists" is selected, please refer to the Scientific Project Support Request Tip Sheet

>>> Or >>>

If option 4 is selected, "A fundraiser, health screening, K-12 education program, community event, or other charitable cause", you will be prompted to answer the following additional question

- 2b. Indicate if the nature of your support is healthcare-related
If no, please refer to the Philanthropic Charitable Support Tip Sheet
3. Validate your selection
Your selection can not be changed once you proceed from this point
4. Click "Continue"

Funding Type Selection

What are you seeking funding for?

☒ An educational event/meeting, conference, activity, or program 1
 ☐ A scientific project
 ☐ 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

Who is the target audience for your event?

☐ Healthcare providers
 ☒ Patients and their families and/or caregivers 2a
 ☐ Researchers or scientists

Healthcare-Related Charitable Support (Patient Education) - These support requests are healthcare-related and are consistent with a therapeutic or technological area in which Genentech or Roche is active. This subsection of HC-Related Charitable Support focuses on community/patient education and outreach, including disease awareness activities. This type of support is not intended for an audience of healthcare professionals (HCPs). 3

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

Back

Continue 4

>>> Or >>>

Funding Type Selection

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What are you seeking funding for?

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

Is the nature of your support healthcare-related?

☒ Yes 2b
 ☐ No

Healthcare-Related Charitable Support (Other) - These support requests are healthcare-related and are consistent with a therapeutic or technological area in which Genentech or Roche is active. This subsection of HC-Related Charitable Support focuses on patient advocacy events, fundraisers, health screenings and other healthcare-related charitable causes. 3

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

Back

Continue 4



How to apply for Healthcare-Related Charitable Support

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. Enter the Non-charitable amount
This is the portion of the requested amount that will not be used for charitable purposes (e.g., non tax-deductible expense to Genentech)
3. Enter the Total Overall Budget
Include all expenses for the event / activity, including expenses that will not be covered by the requested amount
4. Select the Therapeutic area
5. Select the Disease state
If you can not find the applicable disease state in the drop-down list, please select "other"
6. If you selected "other", please specify which Disease State applies to this request
7. Select the Event / program type
8. Select the Event / program subtype
9. Enter the Event / program title
10. If applicable, indicate if funding will not be used to support attendee expenses for scientific/ medical meetings or patient education programs
This question is only applicable if a scientific/ medical meeting or patient education program types are selected.
11. Indicate whether the person(s) conducting the health screenings has appropriate licensure.
12. Indicate if funding will not be used to support salaries of healthcare providers
13. Confirm if this opportunity is open to all members of the target audience and does not exclude specific individuals within the target audience
14. Indicate if this event has a volunteering opportunity
Events are not required to have volunteering opportunities. Please do not create a volunteering opportunity specifically for Genentech / Roche
15. Confirm if the volunteering opportunity is open to individuals other than the event sponsors
16. Indicate if the funding from this request will be used to develop clinical practice guidelines
17. Indicate if this program is specifically accredited for continuing education for Healthcare Professionals

Application - Healthcare-Related Charitable Support

Request ID	G-43291	
* Requested amount	10,000.00	1
* Non-charitable amount (If applicable, please enter the portion of the requested cash amount that will not be used for charitable purposes e.g. inclusion of a charge or expense to Genentech)	0.00	2
* Total Overall Budget (Please include all expenses for the event/activity, including expenses that will not be covered by the requested amount.)	57,750.00	3
* Therapeutic area	Immunology	4
* Disease state	Asthma	5
If you selected "other", please specify which Disease State applies to this request		6
* Event / program type	Patient and General Disease Education	7
* Event / program sub-type	Patient-focused Activity	8
* Event / program title	ABC Educational Event (HC Char)	9
* For scientific/medical meetings, patient education, patient outreach, or patient advocacy programs, I agree, funding will not be used to support attendee travel, lodging and personal expenses, including job time lost.	Yes	10
* The person(s) conducting the health screenings has received appropriate license to conduct such screenings.	N/A - not a health screening	11
* I agree that in the event Genentech funds this request, such funding will not be used to support salaries for healthcare providers, including job time lost to conduct health screenings.	Yes	12
* Can you confirm this opportunity is open to all members of the target audience and does not exclude specific individuals within the target audience?	Yes	13
* Does this event have a volunteering opportunity? (Please note: events are not required to have volunteering opportunities. Please do not create a volunteering opportunity specifically for Genentech/Roche)	Yes	14
* Can you confirm the volunteering opportunity is open to individuals other than the event sponsors?	Yes	15
* Will the funding from this request be used specifically to develop clinical practice guidelines or algorithms?	No	16
Is this program specifically accredited for continuing education for Healthcare Professionals?	No	17



How to apply for Healthcare-Related Charitable Support

Tip Sheet

IV Application (continued)

18. Indicate if this program provides financial assistance to families facing pediatric cancer
Provide information relative to this program only, not the organization as a whole
19. Enter the description and overarching goal of the program for the requested support
Provide a short description of the program including overarching goal. You will be provided an opportunity to upload additional documentation later, in needed.
20. Enter the primary objectives of the program, including intended outputs and outcomes
21. Select the primary audience of the grant
Select all that apply from the "Available" list and click the right arrow to move the selection into the "Chosen" list
22. Describe the intended audience
Provide a brief description of the target audience of the program you are planning
23. Enter the needs assessment summary
Provide a brief description of the need that the program addresses
24. Describe the method for measuring program success
Describe the approach you will use to determine whether the program was successful in achieving its stated goals
25. Enter a Tracking code (optional)
If you know the program specific tracking code, please enter it here
26. Indicate if you will be working with a third-party
If yes, you will be prompted to provide additional "Third-Party Information" after clicking "Save and Continue". See "Complete the Third Party information" section below
27. Click "Save and Continue"

* Does this program provide financial assistance to families facing pediatric cancer? 18

* In a brief statement, please provide a description and overarching goal of the program or initiative for which you are requesting support (you may upload additional document later in the application)

Brief description goes here. 19

* Describe the primary objectives of the program or initiative, including intended outputs and outcomes.

Brief description goes here. 20

* Specify the primary audience(s) for the grant (select all that apply).

Available	Chosen
Caregivers	Patients 21
General Public	
Healthcare Professionals	
Patient Advocates	
Policy makers	
Scientific Community	

* Intended audience (please provide a brief description of the target audience of the program you are planning).

Brief description goes here. 22

* Provide a brief description of the specific needs that will be addressed by this program or initiative.

Brief description goes here. 23

* Describe the evaluation methodology that will be used to determine whether the program or initiative reached its stated goals.

Brief description goes here. 24

Tracking code (if you received a tracking code, please input it here) 25

* Will you be working with a third-party? 26

Back Save and Continue 27



How to apply for Healthcare-Related Charitable Support Tip Sheet

IV Application (continued)

› Complete the Third Party information

This section is only applicable if “Will you be working with a third-party?” has been answered with “Yes” in the previous application section

1. Company Name
2. Contact First Name
3. Contact Last Name
4. Company Function
5. Contact Email
6. Click “Add Third Party Contact” if you are working with additional third-parties.
7. Click “Save and Continue”

Home

Organization

Application

Third Party

Program

Budget

Confirmation

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TP-48221

If you are working with a third-party (i.e., any entity from whom you subcontract or pay for services) on this event/program, please provide information about the third-party below.

*Company Name

1

*Third-Party Contact First Name

2

*Third-Party Contact Last Name

3

*Third-Party Company Function

--None--

4

*Third-Party Contact Email

5

Back

Save and Continue

7

Add Third-Party Contact

6



How to apply for Healthcare-Related Charitable Support

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

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

Chosen

1

* Gender Identity and Sexual Orientation

Available

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

Chosen

2

* Race and Ethnicity

Available

American Indian or Alaskan Natives
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)

Chosen

3

* Social and Economic Status

Available

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

Chosen

4

* Health and Insurance Status

Available

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

Chosen

5

* Work Status

Available

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

Chosen

6

* 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 Healthcare-Related Charitable Support

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. Select Program type

2. Enter Program title (a brief description)

3. Enter the Start date

4. Enter the End date (*Last date of the program*)

5. Enter the total Expected number of attendees / people served by program

6. Enter the Expected number of patients served by the program, as part of the total

7. Enter the Expected number of HCPs that are served by the program, as part of the total *HCPs are healthcare professionals, e.g. doctors or nurses*

8. Enter the Venue name

9. Enter the Venue city

10. Select the Venue state (optional)

11. Enter the Venue province / region / territory (optional)

12. Enter the Venue zip code

13. Select the Venue country

14. Select which benefits will be provided in exchange for funding

Select ALL that apply from the "Available" list and click the right arrow to move the selected items into the "Chosen" list

15. Indicate if there is an exhibit opportunity for a separate price for this program
Healthcare-Related Charitable support must not be used to fund promotional exhibits.

16. Indicate if there will be other supporters of this program
If you are seeking funding from other supporters, please select "Yes"

17. If known, please list the other potential supporters

P-185296: Live Activity
11/01/2017 - 11/01/2017

Please note: funding requests must be submitted at least 60 days prior to the start of the activity. If the activity has multiple program components, please add a program for each component, including a unique program title.

* Program type	Live Activity	1
* Program title	California Educational Event	2
Program status	Planned	
* Start date	11/1/2017	3
	[11/14/2016]	
* End date	11/1/2017	4
	[11/14/2016]	
* Expected number of attendees / people served by the program, in total	0	5
* Expected number of patients served by the program, as part of the total	0	6
* Expected number of attendees / people served by the program that are HCPs, as part of the total (HCPs are healthcare professionals, e.g. doctors or nurses)	0	7
* Venue name	ABC Hotel	8
* Venue city	ABC City	9
Venue state	CA	10
Venue province/region/territory		11
* Venue zip code	99999	12
* Venue country	United States	13
* Which benefits will be provided in exchange for funding?		
Available Entry into the event Non-promotional Exhibit Space	Chosen Corporate recognition	14
* Is there an exhibit opportunity for a separate price for this program? (Grant funding may not be used for promotional exhibits. Whether or not an exhibit opportunity is available has no impact on the grant process period)	No	15
* Will there be other supporters of this individual event/program?	Yes	16
If known, please list the other potential supporters		
List other supporters here.		

17



How to apply for Healthcare-Related Charitable Support

Tip Sheet

V Program Details (continued)

18. Upload File Attachments

The first 2 documents are mandatory. If you do not have an event advertising or meeting agenda, upload a blank document that states that it is not applicable to your event

Attach any additional documents to describe the program. For example: brochure, flyer.

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

19. If your event/program contains additional components, click "Add Program" to enter each additional component (see page 12 for details)

If your event/program does not contain additional components, go to Step 19, skip page 12 and move on to the Budget section

Add Program - Examples

1. An event/program that will occur on multiple dates and/or in multiple locations can be submitted in one request. For example, a nationwide charity walk series can be submitted in one request because each charity walk is a component of one event/program.

2. An event/program that has both an in person ("Live") and "Online Activity" can be submitted in one request. For example, an in person patient education activity that also has an online patient education resource can be submitted in one request because these are two components of one event/program.

3. An event/program that has both an "Ongoing Activity" and "Online Activity" can also be submitted. For example, a monthly newsletter that is mailed out and also provided as an online newsletter on the organization's website.

Do Not Add Program - Examples

1. Different types of events/ programs cannot be submitted in one request. For example, a fundraiser and health screening cannot be submitted in one request because these are two distinct types of programs.

2. Substantially different activities cannot be submitted in one request. For example, a series of walkathons and a series of bicycle rides cannot be submitted in one request because they are two distinct events/programs, even though these are both fundraisers.

20. Click "Save and Continue" to proceed to the budget section.

If your program contains multiple components, all expenses should be included in one total overall budget

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

File Attachments		
* Promotional/event advertising	<input type="button" value="Browse..."/>	No file selected. ABC Event Brochure.pdf
* Meeting agenda (please note: if this year's agenda is not yet available you may upload last year's agenda)	<input type="button" value="Browse..."/>	No file selected. ABC Event Agenda.pdf
Additional document 1	<input type="button" value="Browse..."/>	No file selected.
Additional document 2	<input type="button" value="Browse..."/>	No file selected.
Additional document 3	<input type="button" value="Browse..."/>	No file selected.
Additional document 4	<input type="button" value="Browse..."/>	No file selected.
Additional document 5	<input type="button" value="Browse..."/>	No file selected.



How to apply for Healthcare-Related Charitable Support

Tip Sheet

V Program Details (continued)

> Add Program (if applicable)

Skip to section VI Budget, if your event/program does not contain additional components.

1. Enter specific program details of each additional component of the event/program (see instructions on Page 10)

1a. Note that different dates can be entered

1b. Note that different location information can be entered

1c. Note that different advertising and agenda documents can be uploaded

2. To delete an individual program, Click on “Delete Program”

Once you submit the request, you cannot delete any program details. To request a program deletion after submission, send an email to fundingquestions@gene.com. Make sure to reference the Funding Request ID

3. Click “Add Program” if your event/program contains additional components. Repeat Steps 1 and 2 above to provide program details for each component.

4. When done entering all program components, click “Save and Continue” to proceed to the budget section.

If your program contains multiple components, all expenses should be included in one total overall budget

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

To view already entered program details, click on the accordion for that program component

P-185296: Live Activity
11/01/2017 - 11/01/2017

P-185301: Live Activity

Please note: funding requests must be submitted at least 60 days prior to the start of the activity. If the activity has multiple program components, please add a program for each component, including a unique program title.

* Program type: **Live Activity** 1

* Program title: **Arizona Educational Event**

Program status: **Planned**

* Start date: **11/30/2017** 1a [11/14/2016]

* End date: **11/30/2017** [11/14/2016]

* Expected number of attendees / people served by the program, in total: **100**

* Expected number of patients served by the program, as part of the total: **100**

* Expected number of attendees / people served by the program that are HCPs, as part of the total (HCPs are healthcare professionals, e.g. doctors or nurses): **0**

* Venue name: **ABC Hotel**

* Venue city: **ABC City** 1b

Venue state: **AZ**

Venue province/region/territory:

* Venue zip code: **88888**

* Venue country: **United States**

* Which benefits will be provided in exchange for funding?

Available

- Corporate recognition
- Entry into the event
- Non-promotional Exhibit Space

Chosen

--None--

* Is there an exhibit opportunity for a separate price for this program? (Grant funding may not be used for promotional exhibits. Whether or not an exhibit opportunity is available has no impact on the grant process period)

--None--

* Will there be other supporters of this individual event/program?

--None--

If known, please list the other potential supporters

List other supporters here.

File Attachments

* Promotional/event advertising

Choose File No file chosen **Arizona ABC Event** 1c

Brochure.pdf

* Meeting agenda (please note: if this year's agenda is not yet available you may upload last year's agenda)

Choose File No file chosen **Arizona ABC Event**

Agenda.pdf

Additional document 1: Choose File No file chosen

Additional document 2: Choose File No file chosen

Additional document 3: Choose File No file chosen

Additional document 4: Choose File No file chosen

Additional document 5: Choose File No file chosen

Delete Program 2

Back **Save and Continue** 4

Add Program 3



How to apply for Healthcare-Related Charitable Support

Tip Sheet

VI Budget

Complete the Budget for the program

1. Total Overall Budget

The Total Overall Budget is pre-populated with the amount specified earlier in the application. You can edit it here if needed

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:

* 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	Hotel/Lodging	Staff	\$350.00	20	Explanation goes here.
Delete	Marketing	Advertising	\$5,000.00	1	Explanation goes here.
Delete	Marketing	Advertising	\$4,500.00	1	Explanation goes here.
Delete	Venue	Teleconference Fees	\$1,750.00	3	Explanation goes here.
Delete	Venue	On-Site Meeting Sup...	\$2,000.00	12	Explanation goes here.
Delete	Meals	Break/Snacks	\$70.00	100	Explanation goes here.

Budget Total **9**

Add Line Item **8**

Back **Save and Continue** **10**

How to apply for Healthcare-Related Charitable Support

Tip Sheet

VII 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**

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

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

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

[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 **6**

* Last name **7**

* E-mail Address **8**

* E-mail Address (confirmation) **9**

[Print Preview](#) **10** [Back](#) [Submit](#) **11**

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 **12**

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

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

[Cancel](#) [OK](#)

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How to apply for Healthcare-Related Charitable Support

Tip Sheet

VIII 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.

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 Healthcare-Related Charitable Support

Tip Sheet

IX 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

Action	Request Id	Information Requested	Status
RFI	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

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

Back

Re-Submit

5



How to apply for Healthcare-Related Charitable Support

Tip Sheet

X 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.

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<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 Healthcare-Related Charitable Support

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 goals met to date.
 4. Enter a description of the goals unmet to date and the lessons learned.
 5. Enter the actual number of attendees/people served by the program, in total.
 6. Enter the actual number of patients served, as part of the total.
 7. Enter a description of the “best practices” that contributed to the success of the program.
 8. Enter a description of the ways the program will be sustained, replicated, or shared.
 9. If applicable, enter a description of how Genentech’s unique contribution supported the program.
 10. Click “Save and Continue”

Getting Started

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

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](#)

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

Funding Request Application

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Request ID: G-43291 Program Title: ABC Educational Event (HC Char)

Evaluation

* Briefly describe program or initiative goals that have been met to date.

* Briefly describe goals unmet to date and associated lessons learned.

* Actual number of attendees / people served by the program, in total (for all funded programs / initiatives)

* Actual number of patients served by the program, as part of the total

* Describe the “best practices” identified through the program or initiative (e.g., program design / execution factors that contributed to success).

* Describe the ways in which the program or initiative will be sustained, replicated, or shared in the future.

* If applicable, describe Genentech’s unique contribution to supporting the program or initiative.

[Save and Continue](#)

Request ID: G-43291 Program Title: ABC Educational Event (HC Char)

Attachments

If available, please attach a summary of the program or initiative results

If available, please attach any other relevant outputs of the grant (reports, educational materials, communications materials, stories of impact)

Upload additional attachments here

Upload additional attachments here

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Submit](#)

- › On the Evaluations page
 1. If available, upload attachments for a summary of program or initiative results.
 2. Click “Submit”

How to apply for Healthcare-Related Charitable Support

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