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

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How to apply for an Independent Medical Education Grant
Tip Sheet

i Independent Medical Education

Independent Medical Education (IME) is generally defined as education for healthcare professionals (HCPs) provided by an independent educational provider, such as a community hospital, academic center, society / association or medical education & communication company. Genentech / Roche supports grants for independent medical education in an effort to further the advancement of medicine and healthcare by improving the knowledge of the medical community and improving patient care.

✓ 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 be not accepted by the system or denied. Prior to submitting the funding request, make sure that you have prepared the following information:

Organization Information

This information will already be available in the system if the organization has previously applied for funding

- ☐ 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

- ☐ Numbers of individuals employed by the organization

To check for availability of funds in a specific disease state please give us a call:

› **866.599.4363**

Program Information

This information is specific to the particular funding request

- ☐ Therapeutic area and disease state for the program

- ☐ Is the organization submitting the request accredited?

- ☐ Is the organization accredited for continuing education for Healthcare Professionals (HCPs)

- ☐ Number of employees with advanced degrees in the organization

- ☐ Number of employees working in compliance in the organization

- ☐ Itemized and broken down program budget

- ☐ Moore's levels and a description of how these levels will be achieved

- ☐ National Quality Strategy criteria the program will address and how

- ☐ Any barriers to optimal patient care the program will address and how

- ☐ Any quality of care components the program will address and how

- ☐ An Implementation Plan, Program Agenda, and a referenced Needs Assessment

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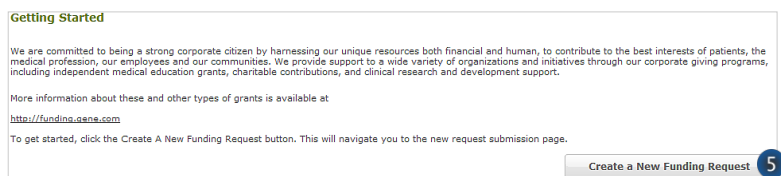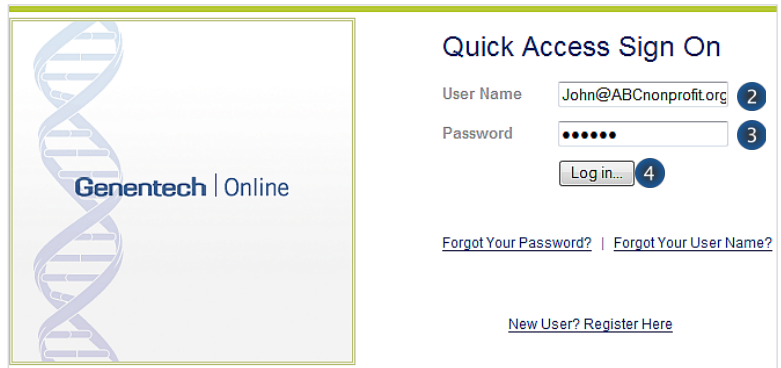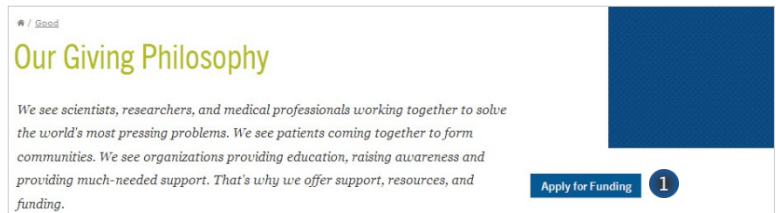## Tip Sheet

I Log In

› **Go to funding.gene.com**

  2. 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…"

Quick Access Sign On

User Name   John@ABCnonprofit.org ②

Password   ●●●●● ③

Log in… ④

Forgot Your Password? | Forgot Your User Name?

New User? Register Here

Genentech | Online

  5. Click on the "Create a New Funding Request" link

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 ⑤

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 ①

* Tax ID   98-7654321 ②

* Tax status   501 (c)(3) ③

Continue ④

▶ Organization Detail

▶ W-9

▶ Select a Location

>>> Or >>>

▼ **Tax ID**

* Where is this organization located?   Canada ①

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

* Do you have W-8BEN status?   --None-- 3a

Continue ④

II Organization Registration (continued)

› **Complete the Organization Detail section**

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

1. Enter the Organization name

2. Select the Organization type

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

   Select "Other" only if no listed option applies.

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

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

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

3. Enter the organization's annual budget

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

4. Enter the Organization's website address

5. Enter the Organization's mission

6. Enter the Number of employees

7. Confirm if organization purchases Genentech / Roche products

8. Confirm if organization prescribes Genentech / Roche products

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

10. Is your organization a Sole Proprietorship?

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

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

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

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

13. Click "Save and Continue"

› **Upload the W-9 (or W-8BEN) form**

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

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

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

2. Click "Save and Continue"

Organization Detail

Field	Value
* 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" >>>

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

Organization's mission

The organization's mission is... (5)

Field	Value
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

W-9

▶ Tax ID
▶ Organization Detail
▼ W-9

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

ABCnonProfit-W9-Form.pdf

*W-9 Form / W-8BEN Form

Choose File no file selected (1)

Back   Save and Continue (2)

▶ Select a Location

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II Organization Registration (continued)

› **Provide the Location information**

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

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

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

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

3. Enter the Payee name

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

4. Enter the Address

5. Enter the City

6. Select the State

7. Enter the Province / region / territory

8. Enter the Zip code

9. Select the Country

10. Click "Save and Continue"

Tax ID
Organization Detail
W-9
Select a Location

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

Department/Chapter Information:

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

Back   Save and Continue ⑩

III Funding Type Selection

› **Complete the Funding Type selection**

1. Indicate what you are seeking funding for

Option 1 will apply for Independent Medical Education programs : "An educational event / meeting, conference, activity, or program"

2. Indicate who the target audience is for your event

Please read the description first to ensure you are selecting the right audience

If your answer is not "Healthcare providers" or "Fellows", please refer to the Healthcare-Related Charitable Support Tip Sheet

3. Validate your selection

Your section 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 ②
○ Patients and their families and/or caregivers
○ Researchers or scientists
○ Fellows ②

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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 an Independent Medical Education Grant
Tip Sheet

IV Application

› **Validate is a proper Firewall between organizations has been established**

› **If your organization has applied for funding the information in this section will be pre-populated**

1. Indicate if your organization provides strategic, promotional or marketing related services to Genentech / Roche

2. Indicate if your organization has a sister organization or parent company that provides strategic, promotional or marketing related services to Genentech / Roche

3. Indicate if a proper firewall between the related strategic, promotional or marketing related activities and your organization has been established

4. Click "here" for further clarification on what Genentech considers a proper firewall between organizations

5. Click "Save and Continue"

› **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 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. Indicate if this program is specifically accredited for continuing education for Healthcare Professionals

7. Indicate if your organization is the accreditor

If the program is accredited, the accredited provider must be the organization that is submitting the funding request

Firewall

* Does your organization provide strategic, promotional or marketing related services to Genentech/Roche?	Yes	1
* Does your organization have a sister organization or parent company that provides strategic, promotional or marketing related services to Genentech/Roche?	No	2
Has a proper firewall between the related strategic, promotional or marketing related activities and your organization been established?	Yes	3

For further clarification on what Genentech considers a proper firewall between organizations, click here. 4

Save and Continue 5

Application - Independent Medical Education

Request ID	G-11961	
* Requested amount	100,000.00	1
* Therapeutic area	Oncology	2
* Disease state	Leukemia	3
If you selected "other", please specify which Disease State applies to this request		4
* Event / program title	ABC Non-profit Event	5
* Is this program specifically accredited for continuing education for Health Care Professionals?	Yes	6
Is your organization the accreditor?	Yes	7

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How to apply for an Independent Medical Education Grant
Tip Sheet

Application (continued)

8. 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

9. Describe the Intended audience

   Provide a brief description of the target audience of the program you are planning

10. Enter the Needs assessment summary

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

11. Enter the Program objectives

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

12. Select the Competencies to be achieved

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

13. Select the Outcome levels to be achieved

    These are "Moore's levels". Please select the highest level that applies to the program

    You will be provided an opportunity to upload a description of how you plan to achieve these levels later in the application

14. Select the National Quality Strategy elements the education is designed to address
    Note: The National Quality Strategy(NQS) website is www.ahrq.gov/workingforquality

15. Provide a detailed explanation for any selected elements

16. Select any barriers to optimal patient-care that were identified and will be addressed during the education

17. Provide a detailed explanation for selected barriers.

18. Select any components of quality patient care that the education is designed to address.

19. Indicate if there will be other supporters of this program

    If you are seeking funding from other supporters, please select "Yes"

    If you are sure the program is not going to have any other supporters, please select "No"

20. If known, please list the other potential supporters (optional)

---

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

Purpose ⑧

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

Audience ⑨

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

Summary ⑩

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

Objectives ⑪

* Competencies to be achieved (select all that apply)

Available ⑫	Chosen
	Patient Care
	Medical Knowledge
	Practice-based Learning and Improvem
	Interpersonal and Communications Ski

* Outcome levels to be achieved

Available ⑬	Chosen
Level 1: Participation	Level 4: Competence
Level 2: Satisfaction	
Level 3: Learning & Procedural Knowledge	
Level 5: Performance	

* National Quality Strategy criteria this program will address (select all that apply)

Available	Chosen
Patient and Family Engagement	Making Care Safer
Best Practices for Healthy Living	Communication and Care Coordination
Affordability ⑭	Prevention and Treatment Practices
Not Applicable	

* National Quality Strategy Summary (Please provide a brief description of how this program will address the criteria of the National Quality Strategy)

Detailed Explanation ⑮

* Barriers to optimal patient-care this program will address (select all that apply)

Available ⑯	Chosen
Access to equipment	Conflicting evidence
Access to treatment or clinical trials	Lack of training
Cost of therapy	
Patient Adherence	

* Barriers to Optimal Patient-Care Summary (Please provide a brief description of how this program will address the identified barriers to optimal patient-care)

Detailed Explanation ⑰

* Quality Components this program will address (select all that apply)

Patient Education	Chosen
Family Engagement ⑱	
Treatment Expectations	
Care Management	
Palliative and End-Of-Life Care	

* Will there be other supporters of this program? | No ⑲

If known, please list the other potential supporters

⑳

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IV Application (continued)

16. Indicate if this request a resubmission of a previously submitted grant request

17. If yes, please provide the grant request ID # and title

18. Indicate if Genentech / Roche personnel are permitted to attend this event as silent observers

    Grant decisions will be made independently of your response to this question.

    Genentech will not accept any complimentary offerings

19. Indicate if this request is for additional funding to an existing Genentech / Roche supported program

20. If yes, please provide the grant request ID # and title

21. Indicate if Genentech / Roche's assistance for secondary invitations / BRCs will be requested

22. Indicate if there is 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 or funding decision

23. 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

24. Enter the Tracking code (optional)

    If you know the program specific tracking code, please enter it here

25. Indicate if you have an opt-in process for enduring materials

    The opt-in process is the internal process established for potential program participants to opt-in to receive information about the program

26. If yes, please describe the opt-In process for enduring materials

27. Indicate if your organization is accredited

28. Select which accreditations your organization has been certified for

    This information may already be pre-populated if the organization has previously applied for funding

Field	Value	#
Is this request a resubmission of a previously submitted grant request?	No	16
If yes, please provide the grant # and title		17
* Are Genentech/Roche personnel permitted to attend this event as silent observers? (Grant decisions will be made independently of your response to this question. Note: Genentech will not accept any complimentary offerings)	Yes	18
Is this request for additional funding to an existing Genentech/Roche supported program?	No	19
If yes, please provide the grant # and title		20
* Will Genentech/Roche's assistance for secondary invitations/BRCs be requested?	No	21
* 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	22
* Will the funding from this request be used specifically to develop clinical practice guidelines or algorithms?	Yes	23
Tracking code (if you received a tracking code, please input it here)	123456789	24
* Do you have an opt-in process for enduring materials?[1]	No	25
If yes, please describe the opt-In process for enduring materials		26
Is your organization accredited?	Yes	27

Please select which accreditations your organization has been certified for 28

Available	Chosen
AANP	AAFP
AAPA	ACCME
ACPE	
ADA	
AMA	
ANCC	

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IV	Application (continued)

29. Enter the Number of employees with advanced degrees

    These are the individuals employed by the organization

30. Enter the Number of employees working in compliance within the organization

31. Indicate if you will be working with a third-party

    If yes, you will be prompted to provide additional "Third-Party Information"

Please select which accreditations your organization has been certified for

Available		Chosen
AANP		AAFP
AAPA		ACCME
ACPE		
ADA		
ANCC		
AOA		

* Number of employees with advanced degrees — 10 — **29**

* Number of employees working in compliance — 5 — **30**

* Will you be working with a third-party? — Yes — **31**

[Back] [Save and Continue]

› **Complete the Third Party information**

   This section is only available in the application if "Will you be working with a third-party?" has been answered with "Yes" in the application

1. Enter the Company Name

2. Enter the Contact First Name

3. Enter the Contact Last Name

4. Select the Contact Function

5. Enter the Contact Email

6. Select the Third-Party accreditation status

7. Select whether the Third-Party owned in whole or in part by a physician or group of physicians

8. Click "Add Third-Party Contact" to add any other Third-parties for this educational program

9. Click "Save and Continue"

TP-45670 medscapula

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 Company, Inc.

*Third-Party Contact First Name — **2** — John

*Third-Party Contact Last Name — **3** — Doe

*Third-Party Company Function — **4** — Logistics

*Third-Party Contact Email — **5** — thirdparty@thirdparty.com

*Is the Third-Party organization accredited? — **6** — No

*Is the Third-Party organization owned in whole or in part by a physician or group of physicians? — **7** — No

[Back] [Save and Continue] **9**

8 Add Third-Party Contact

How to apply for an Independent Medical Education Grant
Tip Sheet

IV	Design and Implementation

1. Indicate, if any, the ways in which this program is designed to improve the awareness of the educational gap(s)
   Multiple selections are allowed

2. Indicate, if any, the ways in which this program is designed to demonstrate that information has been converted into opportunities for the learner or system.
   Multiple selections are allowed

3. Indicate, if any, the ways in which this program is designed to demonstration learner or system engagement and action.
   Multiple selections are allowed

4. Indicate, if any, the ways in which this program is designed to substantiate a sustained partnership.
   Multiple selections are allowed

5. Click "Continue".

▼ Program Design and Implementation

In what key way(s) might this educational initiative's metrics demonstrate an improved awareness of the gaps? (Please check all those that apply)* **①**
- ☑ Learners informed about the systemic problem that leads to the national or local gap
- ☑ Education activates learners to be more informed about evidence-based care expectations that are potentially not being met by their healthcare system
- ☐ Not applicable for this educational initiative at this time

In what key way(s) might this educational initiative's metrics demonstrate that information has been converted into opportunities? (Please check all those that apply)* **②**
- ☐ Education advanced learners' ability to demonstrate where improvements will be implemented within their healthcare system
- ☐ Education advanced learners' ability to help their healthcare system adopt information over a shortened period of time
- ☐ Educational provider(s) demonstrate whether or not these improvements can be reproduced and generalized in another setting
- ☑ Not applicable for this educational initiative at this time

In what key way(s) might this educational initiative's metrics demonstrate engagement and action? (Please check all those that apply)* **③**
- ☑ Learners aspired to pair the barriers that they encounter within their healthcare system with potential future interventions that minimize or remove barriers to improved care
- ☑ Learners aspired to demonstrate practice improvements (that result from the intervention) by using administrative, claims or registry datasets and/or other office/system metrics
- ☐ Educational provider(s) gave examples of how specific / needed certification may help identify a change in process that addresses the original identified problem
- ☐ Not applicable for this educational initiative at this time

In what key way(s) might this educational initiative's metrics substantiate sustainable partnerships? (Please check all those that apply)* **④**
- ☐ Learners allocated commitments to improve communication about care plans with one another
- ☑ Learners allocated commitments to increase satisfaction of care with one another
- ☐ Learners allocated commitments to make better healthy living decisions away from the clinic with one another to enable the adherence of the care plan
- ☑ Educational provider(s) demonstrated how interventions and/or tools were integrated into workflow to sustain positive change or adherence to evidence-based care and system requirements
- ☐ Not applicable for this educational initiative at this time

[Back] [Continue] **⑤**

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› **Complete the Program Details**

1. Select the Program type

   You can add more than one program by clicking the "Add Program" button (see step 23, p. 12)

2. Select the Program subtype

3. Enter the Start date

4. Enter the End date

   Last date for this program

5. Enter the Expected # of attendees that are HCPs

   HCPs are healthcare professionals, e.g. doctors or nurses

6. Enter the Expected # of attendees that are US-based HCPs

7. Enter the Number of speakers / faculty

   The speakers / faculty number needs to include the chairperson

› **Depending on the "Program type" and "Program subtype" selected, the following fields might vary**

8. Enter the Venue name

9. Enter the Venue city

10. Select: Venue state

11. Enter the Venue province / region / territory

12. Enter the Venue zip code

13. Select: Venue country

Program Details – Live

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

Field	Value	
* Program type	Live	1
* Program subtype	Grand Rounds: Live	2
* Start date	4/8/2013 [12/12/2012]	3
* End date	5/17/2013 [12/12/2012]	4
* Expected # of attendees that are HCPs (HCPs are healthcare professionals, e.g. doctors or nurses)	4500	5
* Expected # of attendees that are US-based HCPs	5000	6
* Number of speakers / faculty	14	7
* Venue name	ABC Hotel	8
* Venue city	City Name	9
Venue state	CA	10
Venue province/region/territory		11
* Venue zip code	99999	12
* Venue country	United States	13

TIP: Grand Rounds vs Meeting Series?

1. Live Program: Grand Rounds

   Please use this if the programs will all be held at the same location ONLY.

2. Live Program: Stand-Alone Live Meeting

   Please use this program type if you have multiple programs that will take place in different locations on different dates, even though it may be considered a "meeting series".

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V Program Details (continued)

› **Attendees information**

14. Click "Add Attendee Group" to add an attendee group

15. Use the horizontal scroll for access to all the information fields
    You can also use the "TAB" button to move through all of the required fields.

16. Select the Intended audience

17. Select the Specialty

18. Select the Credit category

19. Enter the Credit hours
    Capture how many CE / CME hours per audience group are expected to be given for the program

20. Enter the # of invitations
    Represents the expected invitation distribution for your audience recruiting efforts

21. Enter the number of Expected learners

22. Enter the number of Expected w / credit
    Captures how many certificates of credit you expect to distribute

23. To add another program click "Add Program"

24. Click "Save and Continue"
    If you see an empty line, you will need to delete the line in order to being able to proceed
    If you receive an error message, please click into the cell second to last and click "Save and Continue" again

Attendees

"Credit hours" capture how many CE/CME hours per audience group are expected to be given for the program.
"Expected w/ credit" captures how many certificates of credit you expect to distribute.

Actions	Intended Audience	Specialty	Credit Category	Credit Hours
	Patient	Oncology - Medical	None	0
	Physician	Gynecologic Oncology	AMA PRA Categor...	2
	Nurse	Oncology - Medical	ANCC	2

Attendees

"Credit hours" capture how many CE/CME hours per audience group are expected to be given for the program.
"# of invitations" represents the expected invitation distribution for your audience recruiting efforts.
"Expected w/ credit" captures how many certificates of credit you expect to distribute.

Credit Category	Credit Hours	# of Invitations	Expected Learners	Expected w/ Credit
AAFP	1	100	100	50

Add Attendee Group   Back   Save and Continue

Add Program

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VI Budget

› **Complete the Budget for the program**

1. Enter the Total Overall Budget

   This is the sum of the budgets for all your "Program types"

   Each "Program type" will have its own budget page

   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

   Please be sure to break down the expenses particularly for hotel, travel, and meals. These must show per person cost

6. Enter the Quantity

7. Enter an Explanation / Description of the budget 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

   Repeat process steps as described above for all "Program types"

10. Click "Save and Continue"

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

Requested Amount	$10,000.00
* Total Overall Budget (Please include all expenses for the event/activity, including expenses that will not be covered by the requested amount.)	$45,000.00 ①
Entered so far	$45,000.00 ②

▾ Budget for Live Activity

Actions	Category ③	Subcategory ④	Amount ⑤	Quantity ⑥	Explanation ⑦
Delete	Meals	Dinner	$50.00	100	amount per meal per person x
Delete	Travel	Per Diem	$100.00	5	amount per person per day
Delete	Hotel/Lodging	Staff	$300.00	10	amount per night x #nights/p.
Delete	Honoraria	Faculty	$500.00	5	amount per person x #persons
Delete	Accreditation	Accreditation Fees	$2,000.00	1	detailed explanation expected
Delete	Venue	Meeting Rooms	$30,000.00	1	very detailed explanation
Delete	Marketing	Advertising	$2,000.00	1	very detailed explanation

⑨ Budget Total $45,000.00

Add Line Item ⑧

Please click HERE for a budget tip sheet

Back   Save and Continue ⑩

TIPs: Entering the Budget

1. All budget line items should be entered using the available category and subcategory available in the online system.

2. 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.

6. Refrain from using the Misc. Other line item category, though if necessary, make sure detailed information is entered into the comments section.

7. Refrain from using the Infrastructure line item category, though if necessary, make sure detailed information is entered into the comments section.

8. Confirm that all line items (i.e. meals, honoraria, lodging, and airfare, etc.) are properly broken down before submission.

How to apply for an Independent Medical Education Grant
Tip Sheet

| VII | Attachments |

1. Upload File attachments

   The first 3 documents are mandatory

   See Appendix B for Implementation Plan Guidelines

   See Appendix C for Referenced Needs Assessment Guidelines

   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"

TIP: Replacing Documents <u>After</u> Submission

1. If you have already submitted your request and would like to update any documents, send the updated document in an email to fundingquestions@gene.com. Make sure to reference the Funding Request ID#.

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VIII   Confirmation

› **Submit the Funding Request**

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

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

3. Click "Submit"

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

>>> Or >>>

>>> 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.

⭐ **NOTE: Only the authorized signer email indicated in your submission will have access to view the Letter of Agreement within their Genentech Funding Request System inbox located at (funding.gene.com).**

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 Ongoing Tasks"
   This section provides access for monthly Status Reports, Scope Changes and Outcomes Reports for each program

4. Review "My Funding Requests" for a list of all submitted funding requests.
   This section allows you to print and proposals that you have submitted, print any Letters of Agreement, or delete any un-submitted proposals

5. 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 an Independent Medical Education Grant
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

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

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

1. Go to the "My Required Tasks" section

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

   This will open the request page

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

▼ Tax ID

* Where is this organization located?   United States

* Tax ID   98-7654321

* Tax status   501 (c)(3)

[Continue] ③

▶ Organization Detail

▶ W-9

▶ Select a Location

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

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

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

5. Click "Re-Submit"

Funding Request Final Submission

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

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

④
◉ I am legally authorized   ○ I am not legally authorized

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

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XI	Sign the LOA

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

The LOA can only be signed(approved online) by the legally Authorized Signer for the organization

NOTE: Only the authorized signer can view the LOA.

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

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

1. Go to the "My Required Tasks" section

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

› **On the LOA page**

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

Letter of Agreement

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

Print to PDF

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

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

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

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

4. Enter your Name

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

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

This Letter of Agreement contains the entire agreement of the parties with respect to the subject matter hereof. No representations were made or relied upon by either party other than those that are expressly set forth in this Agreement.

Approved:

GENENTECH USA, INC.

By:

Name: Nancy Paynter

Title: Director, Medical Education & Research Grants

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 GFRS EXTERNAL UAT 3 ("Recipient").

By:

Name:

Your Name	Your PIN
Mary Smith	1234
	Forgot your pin?

Approve

NOTE: Only the authorized signer email indicated in your submission will have access to view the Letter of Agreement within their Genentech Funding Request System inbox located at (funding.gene.com).

How to apply for an Independent Medical Education Grant
Tip Sheet

› **Once the funding request has been approved, the grant requestor will be asked to provide status reports on a regular (monthly) basis or as soon as changes in the program occurred**

› **To provide a status report log into the Genentech Funding Request System**

1. Click the "Status Updates" link under the "My Ongoing Tasks" section

2. Enter the information as applicable
   - *Program specifications / summary*
   - *Audience generation / program distribution*
   - *Attendance / distribution*
   - *Project status*

3. Select and specify any Scope Changes as applicable
   - *Program specifications / summary*
   - *Audience generation / program distribution*
   - *Attendance / distribution*
   - *Project status*

4. Click "Save & Continue"
   Save and continue will save all edits you have made this this page

Make sure you update the following fields as programs are confirmed or cancelled:

5. Start date

6. End date

7. Select the Program status

8. Enter the Venue name

9. Enter the Venue city

10. Select the Venue state

11. Enter the Venue province / region / territory

12. Enter the Venue zip code

13. Select the Venue country

14. Click "Save Program"
    *You need to click "Save" for each program **prior** to clicking "Done"*

15. Click "Done"

16. Click "OK"

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XIII Outcomes

› **Once the funding request has been approved, the grant requestor will be asked to report outcomes within 90 days of the last program end date. Outcomes allow you to submit attachments as necessary**

1. Log into gFRS and click the "Outcomes" link under the "My Ongoing Tasks" section

My Ongoing Tasks			
Action	Request Id	Information Requested	Status
Status Updates	G-05655	Please provide monthly Status Report/Scope Changes for Funding Request: G-05655	Ongoing
Outcomes ①	G-05655	Please provide Outcomes for Funding Request: G-05655	Ongoing

› **To report Participation**

Note: To revise the Program date, change it under the Status Report section

2. Enter the Total # of Actual Learners for each Degree Type / Specialty
   This represents the actual # of attendees

3. Enter the average # of patients with condition that the learner saw per week

4. Enter the average years in practice

5. Enter the # of actual learners receiving CE credits

6. Enter the Total # of actual learners for all Degree Types / Specialties
   This represents the total # of all attendees

For Web programs only

7. Enter the Total unique visits

8. Enter the Total # of pages viewed

Outcomes – P-154055: Meeting Series: Live 10/01/2014 –10/01/2014

Participation

Degree Type	Specialty	Credit Category	Credit Hours	Expected Learners	Total # of Actual Learners
Physician	Allergy & Immunology	AMA PRA Category 1 ...	1	30	29 ②

Average # of patients with condition physician learner treats per week	30 ③
Average years in practice	20 ④
# of actual learners receiving CE credits	20 ⑤
Total # of actual learners	29 ⑥

› **To report Competencies**

9. Select the Maintenance of Certification (MOC) competencies addressed in the activity
   – *Patient Care*
   – *Medical Knowledge*
   – *Practice-based Learning and Improvement*
   – *Interpersonal and Communication Skills*
   – *System-based Practice*
   – *Professionalism*
   – *Other*

Please select the questions below that most closely match those asked after your activity.

Competencies

Select the MOC competencies addressed in the activity.

⑨
- ☑ Patient Care
- ☐ Medical Knowledge
- ☑ Practice-based Learning and Improvement
- ☐ Interpersonal and Communication Skills
- ☑ Systems-based Practice
- ☐ Professionalism
- ☑ Other

XIII Outcomes (continued)

› **To report Learning Objectives**

10. Were learners asked if the "learning objectives were achieved?"

11. Enter the # of Respondents who answered the "learning objectives achieved" question

12. Enter the % of positive responses to the "learning objectives" question

› **To report Relevance to Practice**

13. Were learners asked if the "content contributes valuable information that will assist in improving quality of care for patients?"

14. Enter the # of Respondents who answered the "content contribute to assist in improving the quality of patient care" question

15. Enter the % of positive responses to the "content contribute to assist in improving the quality of patient care" question

16. Were learners asked if the "content is evidence-based and is clinically relevant to current practice?"

17. Enter the # of Respondents who answered the "evidence-based and clinically relevant" question

18. Enter the % of positive responses to "evidence-based and clinically relevant" question

19. Select the barriers to care that were discovered
    – *Access to equipment*
    – *Access to treatment or clinical trials*
    – *Conflicting evidence*
    – *Cost of therapy*
    – *Lack of training*
    – *Patient adherence*
    – *Patient knowledge*
    – *Staffing*
    – *None were identified*

How to apply for an Independent Medical Education Grant
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› **To report Commitment to Change**

20. Were learners asked if they "intend to change the specific behaviors when treating patients?"

21. Enter the # of Respondents who answered the "change specific behavior for patient treatment" question

22. Enter the % of positive responses to the "change specific behavior for patient treatment" question

› **To report Quality Priorities**

23. Indicate if the activity addressed strategies to overcome barriers to optimal patient care

24. Select the focus areas that were addressed in the activity that tie to the national quality strategy
Note: The National Quality Strategy(NQS) website is www.ahrq.gov/workingforquality

25. Select the patient engagement practices addressed in the activity

26. Select the safety components addressed in the activity

27. Select the communication and care coordination practices addressed in the activity

28. Click the "Save" button to save the entries you have made to this page
Save the entries you have made to this page You MUST click "Save" first prior to clicking "Save and Continue"

29. Enter the Outcomes for each Program included in the grant as they are completed

30. Click the "Save and Continue" button after the Outcomes have been saved for the Programs that have been entered

---

Commitment to Change

	Was question asked?	# of Respondents	%Responding Positively
Do you intend to change specific behaviors when treating patients?	Yes (20)	17 (21)	70 (22)

Quality Priorities

Does the activity address strategies for overcoming barriers to optimal patient care?   Yes (23)

Select the focus areas addressed in the activity that tie to the national quality strategy. (24)
- ☑ Making Care Safer
- ☑ Patient and Family Engagement
- ☑ Communication and Care Coordination
- ☑ Prevention and Treatment Practices
- ☑ Best Practices for Healthy Living
- ☑ Affordability

Select the patient engagement practices addressed in the activity. (25)
- ☑ Shared Decision Making
- ☑ Patient Education
- ☑ Family Engagement
- ☑ Treatment Expectations
- ☑ Care Management
- ☑ Palliative and End-of-Life Care

Select the safety components addressed in the activity. (26)
- ☑ Preventable Hospital Admissions and Readmissions
- ☑ Inappropriate or Unnecessary Care
- ☐ Other

Select the communication and care coordination practices addressed in the activity. (27)
- ☑ Communication
- ☑ Care Transitions
- ☑ Cross-setting and Cross-provider Coordination
- ☐ Other

Save (28)

---

practices addressed in the activity.
- Care Transitions
- ☐ Cross-setting and Cross-provider Coordination
- ☐ Other

Save

Outcomes - P-153963: Newsletter: Enduring (29)
08/15/2014 - 08/25/2014

Outcomes - P-153962: Web Portal: Web (29)
08/05/2014 - 08/12/2014

Outcomes - P-153961: Meeting Series: Live (29)
08/12/2014 - 08/22/2014

(30)
Save and Continue

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XIII Outcomes (continued)

› **To report Outcome Levels**

1. The expected outcome levels that were chosen on the grant application are reflected

2. Indicate if the outcome levels were achieved as expected

3. Select the highest outcome level that was achieved

4. If the outcomes levels were not achieved as expected, please enter an explanation why

5. Upload an outcomes report, if available

› **To report Quality Priorities**

6. Upload a quality priorities report, if available

› **To report Competencies**

7. Upload a competencies report, if available

8. Click the "Done" button to save the entries you have made to this page

Page 2 of 2 : Program Outcomes and Reports

Please provide updates below and then click 'Done' to send the information to Genentech.

G-24280 -

Outcomes

Expected outcome levels:
Available
Level 4: Competence
Level 5: Performance
Level 6: Patient Health

Chosen ①
Level 1: Participation
Level 2: Satisfaction
Level 3: Learning & Procedural Know

Were outcome levels achieved as expected? --None-- ②

Please select the highest outcome level achieved
Available
Level 1: Participation
Level 2: Satisfaction
Level 3: Knowledge

Chosen ③

If outcomes levels were not achieved as expected, please state why ④

If available, please upload an outcomes report. Choose File ⑤ ile selected

Quality Priorities

If available, please upload a quality priorities report. Choose File ⑥ ile selected

Competencies

If available, please upload a competencies report. Choose File ⑦ ile selected

⑧
Back   Done

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How to apply for an Independent Medical Education Grant
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XIV	Sunshine Reporting and Disclosure

› **To close out the Independent Medical Education Grant, the requesting organization will be asked to complete the "Sunshine Disclosure" section**

1. Log into gFRS and click the "Sunshine Disclosure" link under the "My Required Tasks" section

2. Indicate if Genentech funding was used to provide meals to physicians as part of the educational activity

3. If funding was used to provide meals: complete and upload "Meals Template" spreadsheet

4. Click "Submit"

   ***NOTE: Sunshine report functionality is open to grants with LIVE programs. If you need to submit a sunshine report for a non-LIVE program, please send it directly to meded@gene.com

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XV	Reconciliation

› **To close out the Independent Medical Education Grant, the requesting organization will be asked to complete the "Reconciliation" section**

1. Log into gFRS and click the "Reconciliation" link under the "My Required Tasks" section

2. Certify that the grant received was only used for the activity detailed in the original grant requested

   If no, please enter the reason why funds were not used for intended activity

3. Enter the total amount used

   The total entered here cannot exceed the approved amount of the grant

4. Enter Program changes (if any)

5. Enter a Description of how the funds were used

6. Click "Update"

› **Refund Calculation**

1. Amount Funded *This field is auto-populated*

2. Enter the Amount you incurred from the total funded amount

3. Partial refunds received *This field is auto-populated*

4. Calculated Refunds Now Due *This field is auto-populated*

› **Provide the following final program materials as attachments**

7. Final agenda (required)

8. Final Handout / Web screenshot (required)

9. Other Program materials (optional)

10. Review the Instructions for sending a refund check to Genentech / Roche

11. Click "Submit"

My Required Tasks

Action	Request Id	Information Requested	Status
Reconciliation ①	G-14111	Please complete the Reconciliation for Funding Request: G-14111	Open

Reconciliation

Reconciliation Details

Indicate how the funds provided by Genentech were utilized, then click 'Submit' to send this data to Genentech.

* I certify that grant received was only used for the activity detailed in my original grant request.   --None-- ②

If no, then please enter reason why funds were not used for intended activity.

* Total amount used ③

Program changes (if any) ④

* Description of how the funds were used ⑤

Update ⑥

Refund Calculation

Amount Funded	$ 90000.00
Amount Used (from Above)	N/A
Partial Refunds Received (Cumulative to Date)	$ 0.00
Calculated Refunds Now Due	$ 0.00

Final Program Materials

*Final Agenda	Choose File no file selected ⑤
*Final Handout/Web Screenshot	Choose File no file selected
Other Program Materials	Choose File no file selected ⑥

Instructions

If you did not use all the funds you requested within anticipated timeframes, a refund to Genentech is now due. ⑦

If you do not agree that a refund is now due to Genentech, please contact Genentech at (877) 313-5778 so we can resolve the discrepancy. ⑧

If you agree that a refund is due to Genentech, please mail a check written to 'Genentech Inc.' to the below address. Please note your funding request ID (listed below) on the check to facilitate proper application of your refund. ⑨

Mailing Address (for Refund Checks only) ⑩

Genentech
Learning and Clinical Integration Department (LCI)
Attn: Dustin Ensign
1 DNA Way, MS 35-4F
South San Francisco, CA 94080-4990

*** NOTE: Please refer to Request ID G-xxxxx on the check. ***

⑪ Submit

* Appendix A – Overview | Budget Categories

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

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* Appendix B – Implementation Plan Guidelines

Grant requestors are required to submit an Implementation Plan for all grant requests.

Genentech is interested in understanding elements of activity execution. The purpose of this understanding is not to exercise any level of control over the activity, but to assess whether the elements of the proposed activity are consistent with the provider's stated objectives and their ability to achieve them

› **Explain how you intend to execute the activity?**

- Include likely location/s (city, state) for one or a series of live meetings
- Include distribution / portal information for a multimedia initiatives
- Include the timeline for project planning and implementation
- Include an overview of your faculty identification and selection process

› **Provide the format for the program (didactic, case based, interactive)**

› **Explain the educational method(s) used, including the significance or uniqueness of your approach**

› **Explain how you intend to ensure scientific rigor, accuracy and fair balance in the program content**

› **What are the roles and qualifications for all of the educational partners, including the accredited provider and third parties?**

- Demonstrate understanding of the topic being addressed
- Demonstrate therapeutic / scientific expertise
- Demonstrate expertise in adult learning
- Demonstrate expertise in execution relative to the type of program (live meeting, enduring material, multimedia)

› **Explain how you intend to generate participation in the program?**

- Include target audience / reach plans
- Include a description of your opt-in process for recipients of enduring materials or multimedia programs
- Include audience generation plan
- Include program promotion plan (if appropriate)

› **Have you conducted similar initiatives in the past?**

- Include specific examples
- Include screen shots or live links for multimedia programs

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* Appendix C – Needs Assessment Guidelines

All requests for funding from Genentech must include a needs assessment that clearly defines the unmet educational need or gap the activity will address. Once the educational need is determined, a documented Needs Assessment can be formulated with associated Learning Objectives. The needs assessment must be documented and referenced. Please note that the Learning Objectives are not the same as the Needs Assessment. Rather, they should support the stated need

› **What is the identified educational void or gap being addressed through the proposed education?**

   • Indicate whether the education will address a knowledge gap or practice gap

   • Describe the specified knowledge gap or practice gap

› **Who is the intended audience for the proposed education?**

   • Why?

› **What are your sources to substantiate your statement that this is an unmet educational need? Some examples of acceptable sources for a Needs Assessment include the following**

   • Expert Data

      o *Expert data may be derived from sources including:*

      – *Literature searches of peer-reviewed medical literature*

      – *Advisory Board feedback (independent of Genentech)*

      – *Expert practitioner / though-leader interactions*

   • Market Research on Professional Needs

      o *Participant data may be derived from potential sources including:*

      – *Focus panels*

      – *Medical education feedback*

      – *Survey(s) of the proposed target audience*

   • Observed Data

      o *Observed Data may be derived from a number of sources, including*

      – *National and regional data from national research instituted and healthcare professional organizations (CDC, NIH, other)*

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