Genentech Corporate Giving and GrantsTip Sheet | Philanthropic Charitable Support

= Table of Contents

What is Philanthropic Charitable Support	2
Checklist	2
I. Log in	3
II. Organization Registration (one time only)	3
III. Funding Type Selection	5
IV. Application	6
V. Program Details	9
VI. Budget	10
VII. Attachments	11
VIII. Confirmation	12
IX. Request Status	13
X. Responding to a Request for Information (RFI)	14
XI. Signing the Letter of Agreement (LOA)	15
XII. Evaluations	16
Appendix A – Overview Budget Categories	17

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





Philanthropic Charitable Support

Philanthropic Charitable Support is focused on humanitarian, social, scientific & educational programs. These requests are not healthcare-related

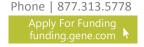
Genentech provides Philanthropic Charitable Support in locations where we have a site. Funding priorities include:

- K-12 Education
- Humanitarian and Social Services (e.g. hunger, homelessness)
- Community Programs (e.g. afterschool programs)

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You need to submit the funding request at least 60 days prior to the start of the activity. Requests submitted with less lead time will be time will be not accepted by the system or denied. Prior to submitting the funding request, make sure that you have prepared the following information:

□W-9 form
New applicants: Visit the IRS website for a blank W-9 if you don't have a current, signed W-9
Returning applicants: The W-9 must be signed and dated within the last 3 years
□Tax ID #
□Tax status
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







Tip Sheet

Login

- Go to funding.gene.com
 - 1. Click the "Apply for Funding / Login" 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

Click "Log in..."

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





Organization Registration

Complete the Tax information

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

- Select where the organization is located
- 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

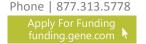
 If the organization is located in the United

 States, tax status must match tax status on W-9
- Click "Continue"



>>> Or >>>







Create a New Funding Request



Tip Sheet

Organization Registration (continued)

Complete the Organization Detail section

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

- Enter the Organization name
- 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:
- Is it a Charitable Foundation of a group practice? If ves, please answer question 2b
- How many physicians are in the group practice that sponsors this foundation?
- Enter the organization's annual budget 3 Annual budget includes all programs and events, in addition to the operating budget
- Enter the Organization's website address 4
- 5. Enter the Organization's mission
- 6. Enter the Number of employees
- Confirm if organization purchases Genentech / Roche 7. products
- 8. Confirm if organization prescribes Genentech / Roche products
- Confirm if organization develops Medicare recognized compendia or nationally recognized treatment guidelines
- Is your organization a Sole Proprietorship? This question is applicable if your organization is For-Profit and US based
- Confirm if organization is owned wholly or in part by a physician or a group of physicians
 - The answer defaults to "No" if the tax status is 501 (c) (3) or 501 (c)(6), or if Governmental Organization
- Enter the Parent organization name and Parent organization tax ID, if applicable (optional)
- Click "Save and Continue"

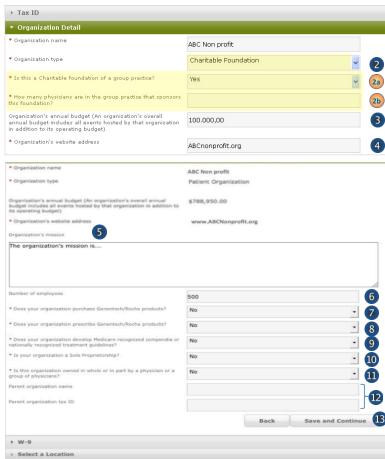
Upload the W-9 (or W-8BEN) form

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

- 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
- Click "Save and Continue"



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









Tip Sheet

Organization Registration (continued)

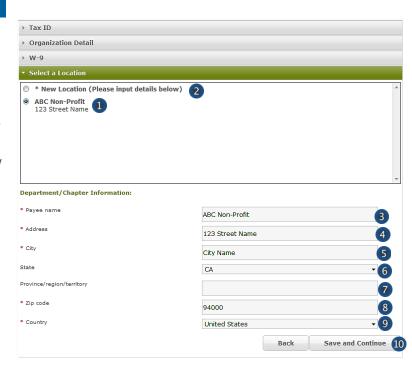
Provide the Location information

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

If the location was previously registered, select the location

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

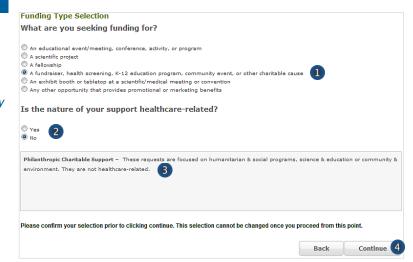
- If the location is not pre-populated, select "New Location"
- Enter the Payee name Must be the organization's name and not a person's name
- Enter the Address
- Enter the City
- Select the State
- 7. Enter the Province / region / territory
- Enter the Zip code 8.
- Select the Country
- 10. Click "Save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

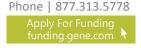


Funding Type Selection

Complete the Funding Type selection

- Indicate what you are seeking funding for Option 4 will apply to most philanthropic charitable programs: "A fundraiser, health screening, K-12 education program, community event, or other charitable cause"
- Indicate if the nature of your support is healthcare-related If yes, please refer to the Healthcare-Related Charitable Support Tip Sheet
- Validate your selection Your selection can not be changed once you proceed from this point
- Click "Continue"









Tip Sheet

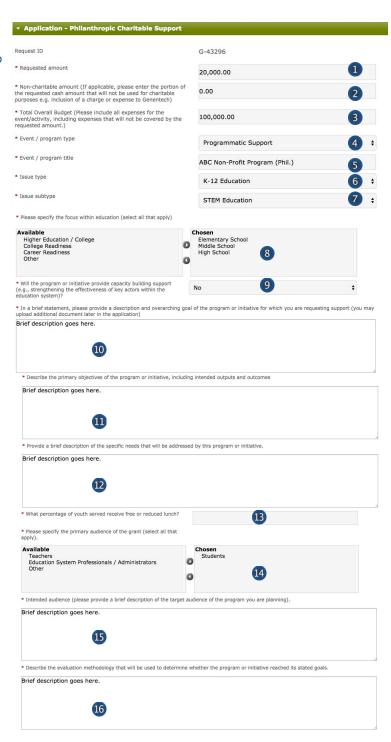
V Application

Complete the Application information

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

- Enter the Requested amount
- 2. 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)
- Enter the Total Overall Budget
 Include all expenses for the event / activity,
 including expenses that will not be covered by
 the requested amount
- Select the Event / program type
- Enter the Event / program title
- Select the Issue type
- Select the Issue subtype, if applicable
- Select the Education focus, if applicable Note: Only applies to K-12 Education grants.
- Indicate if this program will provide capacity building support, if applicable Note: Only applies to K-12 Education grants.
- Enter the description and overarching goal of the program
- 11. Enter the primary objectives of the program
- Enter the description of the specific needs addressed by this program
- Enter the percentage of youth served that receive free or reduced lunch, if applicable Note: Only applies to K-12 Education grants.
- 14. Select the primary audience of the grant *Note: Only applies to K-12 Education grants.*
- 15. Describe the intended audience
- Describe the evaluation methodology used to determine whether program reached its stated goals









Tip Sheet

Application (continued)

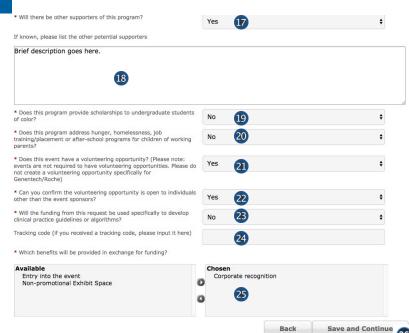
- Indicate if there will be other supporters of this program
- If known, please list the other potential supporters
- Indicate if this program provides scholarships to undergraduate students of color Provide information relative to this program only, not the organization as a whole
- 20. Indicate if this program addresses hunger, homelessness, access to healthcare, job training / placement or after-school programs for children of working parents Provide information relative to this program only, not the organization as a whole
- 21. 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
- Confirm if the volunteering opportunity is open to individuals other than the event sponsors
- 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 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 selection into the "Chosen" list
- 26. Click "Save and Continue"







Tip Sheet

N Application (continued)

Complete the Demographic Data

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

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

 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

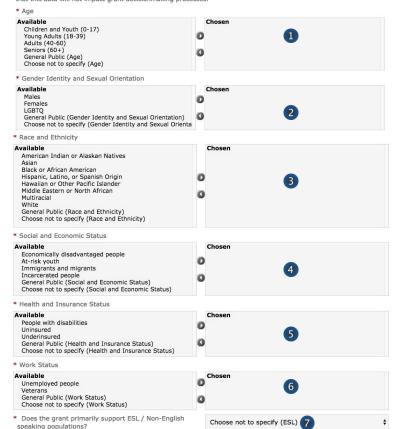
If there are no demographic groups specifically targeted through the grant, select "General Public," where applicable.

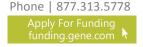
You may also select "Choose not to specify" if desired.

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

Demographic Dat

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.







Save and Continue 8

Back



Tip Sheet

V Program Details

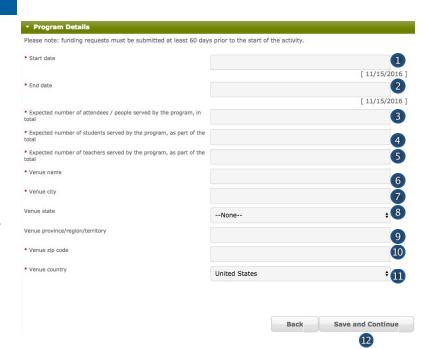
Complete the Program details

The request needs to be submitted at least 60 days prior to the start of the event / program

- . Enter the Start date
- 2. Enter the End date

 Last date of the program
- Enter the total Expected number of attendees / people served by the program
- Enter the Expected number of students served by the program, as part of the total
- Enter the Expected number of teachers served by the program, as part of the total
- Enter the Venue name
- 7. Enter the Venue city
- 8. Enter the Venue state (optional)
- Enter the Venue province / region / territory (optional)
- 10. Enter the Venue zip code
- 11. Enter the Venue country
- 12. Click "Save and Continue"

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







Tip Sheet

VI Budget

Complete the Budget for the program

1. Total Overall Budget

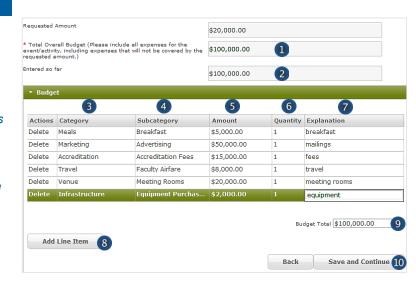
The Total Overall Budget is pre-populated with the amount specified earlier in the application. You can edit it here if needed

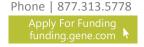
The Total Overall Budget includes all expenses for the event / activity, including expenses that will not be covered by the requested amount

Entered so far

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

- Select the Category
 See Appendix A for a complete list of categories
- Select the Subcategory
 See Appendix A for a complete list of subcategories
- Enter the Amount by item
- 6. Enter the Quantity
- Enter an Explanation / Description of the budget line item
- 8. Click "Add Line Item" for the next budget item
- 9. Track the Budget Total
 The Budget Total is calculated automatically
 The Budget Total has to be equal to the Total
 Overall Budget entered above
- 10. Click "Save and Continue"
 If you have any empty lines, you will need to delete them in order to proceed









Tip Sheet

/II Attachments

Upload File Attachments (optional)

Attach any additional documents to describe the program. For example: brochure, flyer, agenda. Limit 25 MB total.

If you would like to submit more than 5 documents, send them via email to fundingrequestions@gene.com. Make sure to reference the Funding Request ID.

If you would like to replace of the uploaded documents, click "Choose File" to select and upload a new document.

2. Click "Save and Continue"







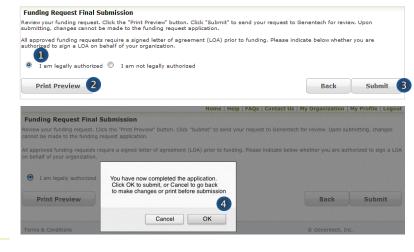
Tip Sheet

Confirmation

Submit the Funding Request

- If you are a member of the requesting organization and are legally authorized to sign the Letter of Agreement (LOA) on behalf of the organization, select "I am legally authorized"
- Click "Print Preview" to print and review the funding request you are about to sign
- Click "Submit" 3
- You have now completed the application. Click OK to submit or Cancel to go back to make changes or print before submission.

>>> Or >>>



If you are not legally authorized to sign the LOA on behalf of the organization, select "I am not legally authorized"

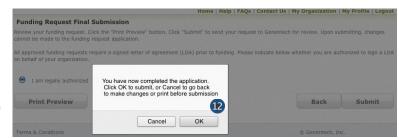
Enter the Organization Authorized Signer information

The Authorized Signer cannot be a Genentech employee

- 5. Enter the First name
- Enter the Last name
- Enter the Fmail address The email address needs to be that of the Authorized Signer specified above
- Re-enter the Email address (confirmation)
- Click "Print Preview" to print and review the funding request
- Click "Submit"
- 10. 12. You have now completed the application. Click OK to submit or Cancel to go back to make changes or print before submission.













Tip Sheet

X Request Status

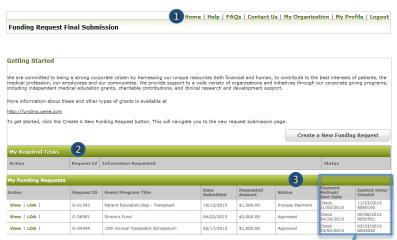
- Check the Status of the request
 - 1. Click the "Home" tab
 - 2. Review "My Required Tasks"

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

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

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

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



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







Getting Started

Tip Sheet

Respond to an RFI

A Request for Information (RFI) is generated by the Genentech Funding Request System when a Genentech reviewer has questions about the 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
 - Go to the "My Required Tasks" section
 - Click on the RFI link under the "Action" column highlighted in red

This will open the request page

- Click "Continue" until you have access to the fields requiring additional information
- Once you have reached the section you have been asked to update, respond accordingly. Then, click "Save and Continue"
- To re-submit the Funding Request
 - Confirm whether or not you are the legally Authorized Signer
 - Click "Re-Submit"









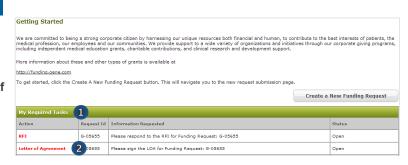
Tip Sheet

XI Sign the LOA

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

The LOA can only be signed by the legally Authorized Signer for the organization

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

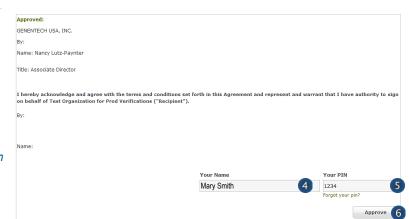


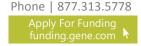
Please review the entire LOA	below then indicate your approval at the bottom of the page. Print to	PDF
Regarding Terms, Conditions an	d Purposes of an Educational Grant between Test Organization for Prod Verifications ("Recipient") and Genentech, USA. ("Genente	ech").
Authorized Signer:	Imed Gc	
Address:	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	
	pport for the above-referenced independent medical education Activity by means of a grant in the amount of \$3,500.00 (hereafting this grant, Institution agrees to use the funds solely for the Activity and to comply with the terms and conditions of this Lette	

- Navigate to the bottom of the LOA to sign the LOA
 - 4. Enter your Name
 - 5. Enter your PIN number

 This is the PIN number you created when you registered as a new user
 - 6. Click "Approve"

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









Tip Sheet

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
- Click on the Evaluations link under the "Action" column highlighted in red

On the Evaluations page

- Enter a description of the goals met to date.
- Enter a description of the goals unmet to date and the lessons learned.
- 5. Enter the total number of attendees/people served.
- Enter the actual number of students served, as part of the total served.

Note: Only applies to K-12 Education grants.

Enter the actual number of teachers served, as part of the total served.

Note: Only applies to K-12 Education grants.

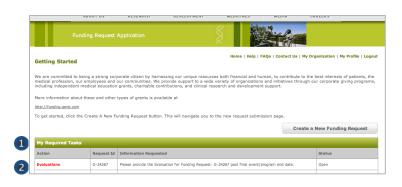
Enter the percentage of youth served that received free or reduced lunch.

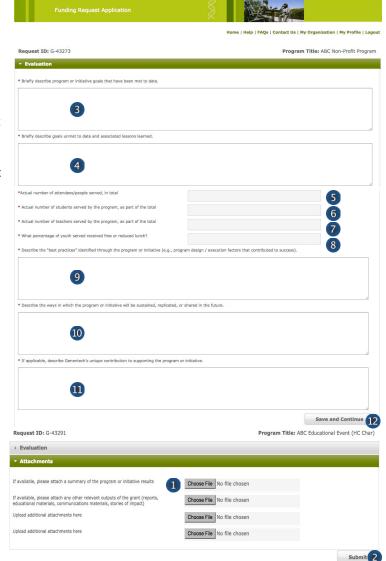
Note: Only applies to K-12 Education grants.

- Enter a description of the "best practices" that contributed to the success of the program.
- Enter a description of the ways the program will be sustained, replicated, or shared.
- If applicable, enter a description of how Genentech's unique contribution supported the program.
- 12. Click "Save and Continue"

On the Evaluations page

- If available, upload attachments for a summary of program or initiative results.
- Click "Submit"











Appendix A – Overview | Budget Categories

Category	Subcategory	Category	Subo	
Accreditation	Accreditation FeesCertificate Fees	Miscellaneous (explain)	■ Ot	
Association Fee	 Association Fee 	Printing & Production	■ Bro ■ Ha	
Honoraria	ChairFaculty		■ Inv	
Hotel / Lodging	FacultyNon-Physician FacultyStaff		■ Me ■ Pa ■ Pro	
	 Administrative Overhead Dues / Subscriptions Equipment Purchase / Lease Facility Construction / Lease Insurance Lab Expense Salaries – Contractor Salaries – Full Time Utilities 	Screenings	LaTe:	
		Shipping & Posting	■ Co Ex ■ Off	
 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	Fa Fa Re Fa Gr Pa Pe Sta Sta		
	Medical Writing & Scientific Review Educational Effectiveness Measures	Venue	A/\ LaMeOrTel	
Marketing	AdvertisingFlyersMailings	Website Development	VV6VV6	
Meals	Break / SnacksBreakfastLunchDinner			

Category	Subcategory
Miscellaneous (explain)	Other (explain)
Printing & Production	 Brochures Handouts Invitations Mailing Lists / Labels Meeting Materials / Signage Patient Materials Programs
Screenings	Lab Processing FeesTest KitsTests
Shipping & Posting	Courier Expense / Mailing ExpenseOffice Supplies
Travel	 Faculty Airfare Faculty Mileage Reimbursement Faculty Train Ground Transportation / Parking Per Diem Staff Airfare Staff Mileage Reimbursement Staff Train
Venue	 A/V Equipment - Rental & Labor Meetings Rooms On site Meeting Support Teleconference Fees
Website Development	Web Design / FunctionalityWebsite HostingWeb Maintenance

