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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 Philanthropic Charitable Support Tip Sheet

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)*

Checklist

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

☐ W-9 form

New applicants: Visit the IRS website for a blank W-9 if you don't have a current, signed W-9

Returning applicants: The W-9 must be signed and dated within the last 3 years

☐ Tax ID #

☐ Tax status

☐ 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

How to apply for Philanthropic Charitable Support

Tip Sheet

I 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
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"

>>> Or >>>

How to apply for Philanthropic 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. Is your organization a Sole Proprietorship?
This question is applicable if your organization is For-Profit and US based
11. Confirm if organization is owned wholly or in part by a physician or a group of physicians
The answer defaults to "No" if the tax status is 501 (c) (3) or 501 (c)(6), or if Governmental Organization
12. Enter the Parent organization name and Parent organization tax ID, if applicable (optional)
13. Click "Save and Continue"

► Tax ID

▼ Organization Detail

* Organization name ABC Non profit 1

* Organization type 2

Organization's annual budget (An organization's overall annual budget includes all events hosted by that organization in addition to its operating budget) 100,000,00 3

* Organization's website address ABCNonprofit.org 4

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

► Tax ID

▼ Organization Detail

* Organization name ABC Non profit

* 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 name ABC Non profit

* Organization type Patient Organization

Organization's annual budget (An organization's overall annual budget includes all events hosted by that organization in addition to its operating budget) \$788,950.00

* Organization's website address www.ABCNonprofit.org

Organization's mission 5
The organization's mission is...

Number of employees 500 6

* Does your organization purchase Genentech/Roche products? No 7

* Does your organization prescribe Genentech/Roche products? No 8

* Does your organization develop Medicare recognized compendia or nationally recognized treatment guidelines? No 9

* Is your organization a Sole Proprietorship? No 10

* Is this organization owned in whole or in part by a physician or a group of physicians? No 11

Parent organization name 12

Parent organization tax ID 12

Back Save and Continue 13

► W-9

► Select a Location

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

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

1. Click on "Choose File" to select and upload the W-9 or W-8BEN form
To replace the uploaded copy, click on "Choose File" and select the new copy
2. Click "Save and Continue"

► Tax ID

► Organization Detail

▼ W-9

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

ABCNonProfit-W9-Form.pdf

* W-9 Form / W-8BEN Form

Choose File no file selected 1

Back Save and Continue 2

► Select a Location

How to apply for Philanthropic 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"

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 4 will apply to most philanthropic charitable programs: "A fundraiser, health screening, K-12 education program, community event, or other charitable cause"
2. Indicate if the nature of your support is healthcare-related
If yes, please refer to the Healthcare-Related 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
 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 2
 No
 Philanthropic Charitable Support - These requests are focused on humanitarian & social programs, science & education or community & environment. They are not healthcare-related. 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 Philanthropic 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 Event / program type
5. Enter the Event / program title
6. Select the Issue type
7. Select the Issue subtype, if applicable
8. Select the Education focus, if applicable
Note: Only applies to K-12 Education grants.
9. Indicate if this program will provide capacity building support, if applicable
Note: Only applies to K-12 Education grants.
10. Enter the description and overarching goal of the program
11. Enter the primary objectives of the program
12. Enter the description of the specific needs addressed by this program
13. 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
16. Describe the evaluation methodology used to determine whether program reached its stated goals

Application - Philanthropic Charitable Support

Request ID

G-43296

* Requested amount

20,000.00

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.)

100,000.00

3

* Event / program type

Programmatic Support

4

* Event / program title

ABC Non-Profit Program (Phil.)

5

* Issue type

K-12 Education

6

* Issue subtype

STEM Education

7

* Please specify the focus within education (select all that apply)

Available

Higher Education / College

College Readiness

Career Readiness

Other

Chosen

Elementary School

Middle School

High School

8

* Will the program or initiative provide capacity building support (e.g., strengthening the effectiveness of key actors within the education system)?

No

9

* 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.

10

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

Brief description goes here.

11

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

Brief description goes here.

12

* What percentage of youth served receive free or reduced lunch?

13

* Please specify the primary audience of the grant (select all that apply).

Available

Teachers

Education System Professionals / Administrators

Other

Chosen

Students

14

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

Brief description goes here.

15

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

Brief description goes here.

16

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Apply For Funding
funding.gene.com

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A Member of the Roche Group

How to apply for Philanthropic Charitable Support

Tip Sheet

IV Application (continued)

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

18. If known, please list the other potential supporters

19. 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

22. 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"

Will there be other supporters of this program? **Yes** **17**

If known, please list the other potential supporters

Brief description goes here.

18

Does this program provide scholarships to undergraduate students of color? **No** **19**

Does this program address hunger, homelessness, job training/placement or after-school programs for children of working parents? **No** **20**

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** **21**

Can you confirm the volunteering opportunity is open to individuals other than the event sponsors? **Yes** **22**

Will the funding from this request be used specifically to develop clinical practice guidelines or algorithms? **No** **23**

Tracking code (if you received a tracking code, please input it here) **24**

Which benefits will be provided in exchange for funding?

Available	Chosen
Entry into the event	Corporate recognition 25
Non-promotional Exhibit Space	

Back **Save and Continue** **26**

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

*** Gender Identity and Sexual Orientation**

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

*** Race and Ethnicity**

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

*** Social and Economic Status**

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

*** Health and Insurance Status**

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

*** Work Status**

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

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

Choose not to specify (ESL) 7

Back Save and Continue 8

How to apply for Philanthropic 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. Enter the Start date
2. Enter the End date
Last date of the program
3. Enter the total Expected number of attendees / people served by the program
4. Enter the Expected number of students served by the program, as part of the total
5. Enter the Expected number of teachers served by the program, as part of the total
6. Enter the Venue name
7. Enter the Venue city
8. Enter the Venue state (optional)
9. 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

Program Details

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

* Start date

1

* End date

2

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

3

* Expected number of students served by the program, as part of the total

4

* Expected number of teachers served by the program, as part of the total

5

* Venue name

6

* Venue city

7

Venue state

--None--

8

Venue province/region/territory

9

* Venue zip code

10

* Venue country

United States

11

Back

Save and Continue

12

How to apply for Philanthropic 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

Requested Amount	<input type="text" value="\$20,000.00"/>				
* Total Overall Budget (Please include all expenses for the event/activity, including expenses that will not be covered by the requested amount.)	<input type="text" value="\$100,000.00"/> 1				
Entered so far	<input type="text" value="\$100,000.00"/> 2				
▼ Budget					
	3	4	5	6	7
Actions	Category	Subcategory	Amount	Quantity	Explanation
Delete	Meals	Breakfast	\$5,000.00	1	breakfast
Delete	Marketing	Advertising	\$50,000.00	1	mailings
Delete	Accreditation	Accreditation Fees	\$15,000.00	1	fees
Delete	Travel	Faculty Airfare	\$8,000.00	1	travel
Delete	Venue	Meeting Rooms	\$20,000.00	1	meeting rooms
Delete	Infrastructure	Equipment Purchas...	\$2,000.00	1	equipment
Budget Total					<input type="text" value="\$100,000.00"/> 9
Add Line Item					8
Back					Save and Continue 10



How to apply for Philanthropic Charitable Support Tip Sheet

VII Attachments

1. 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 fundingrequests@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"

File Attachments

Additional document 1

Additional document 2

Additional document 3

Additional document 4

Additional document 5

Choose File no file selected

Choose File no file selected

Choose File no file selected

Choose File no file selected

Choose File no file selected

Back

Save and Continue

1

2

How to apply for Philanthropic Charitable Support

Tip Sheet

VIII Confirmation

Submit the Funding Request

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

>>> Or >>>

Funding Request Final Submission

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

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

☒ I am legally authorized ☐ I am not legally authorized

Print Preview **Back** **Submit**

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

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

Print Preview **Back** **Submit**

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

Cancel **OK**

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>>> 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
5. Enter the Last name
6. Enter the Email address
- The email address needs to be that of the Authorized Signer specified above*
7. Re-enter the Email address (confirmation)
8. Click "Print Preview" to print and review the funding request
9. 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

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

* Last name

* E-mail Address

* E-mail Address (confirmation)

Print Preview **Back** **Submit**

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

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

Print Preview **Back** **Submit**

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

Cancel **OK**

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Funding Request Final Submission

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

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

☒ I am legally authorized ☐ I am not legally authorized

Print Preview **Back** **Submit**

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

Cancel **OK**

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How to apply for Philanthropic Charitable Support

Tip Sheet

IX Request Status

Check the Status of the request

1. Click the "Home" tab
2. Review "My Required Tasks"
This section lists tasks that are required from you. Example: signing the Letter of Agreement
3. Review "My Funding Requests"
This section lists the status of your request
4. Review the payment and any check-related information
This section will show you any information that is available for your supported programs including the payment method and date, check number, and the date the check was cashed.

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

Funding Request Final Submission

Getting Started

We are committed to being a strong corporate citizen by harnessing our unique resources both financial and human, to contribute to the best interests of patients, the medical profession, our employees and our communities. We provide support to a wide variety of organizations and initiatives through our corporate giving programs, including independent medical education grants, charitable contributions, and clinical research and development support.

More information about these and other types of grants is available at <http://funding.gene.com>

To get started, click the Create A New Funding Request button. This will navigate you to the new request submission page.

Create A New Funding Request

My Required Tasks

Action	Request ID	Information Requested	Status
My Funding Requests			

My Funding Requests

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

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

How to apply for Philanthropic Charitable Support

Tip Sheet

X Respond to an RFI

- › **A Request for Information (RFI) is generated by the Genentech Funding Request System when a Genentech reviewer has questions about the funding request. If an RFI is generated, you will receive an email notification describing the request sections requiring additional information. The email will be sent to the email address specified in the request**

Important: You must respond within 10 days or the request may be canceled

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

1. Go to the “My Required Tasks” section
2. Click on the RFI link under the “Action” column highlighted in red
This will open the request page
3. Click “Continue” until you have access to the fields requiring additional information

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

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

4. Confirm whether or not you are the legally Authorized Signer
5. Click “Re-Submit”

Getting Started

We are committed to being a strong corporate citizen by harnessing our unique resources both financial and human, to contribute to the best interests of patients, the medical profession, our employees and our communities. We provide support to a wide variety of organizations and initiatives through our corporate giving programs, including independent medical education grants, charitable contributions, and clinical research and development support.

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

<http://funding.gene.com>

To get started, click the Create A New Funding Request button. This will navigate you to the new request submission page.

Create a New Funding Request

My Required Tasks

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.

☒ I am legally authorized ☐ I am not legally authorized

Print Preview

Back

Re-Submit

How to apply for Philanthropic Charitable Support

Tip Sheet

XI Sign the LOA

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

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

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

1. Go to the “My Required Tasks” section
2. Click on the Letter of Agreement link under the “Action” column highlighted in red

- › **On the LOA page**

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

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

4. Enter your Name
5. Enter your PIN number
This is the PIN number you created when you registered as a new user
6. Click “Approve”
Once approved, the LOA will be accessible from the Genentech Funding Request System “Home” screen for your review

Getting Started

We are committed to being a strong corporate citizen by harnessing our unique resources both financial and human, to contribute to the best interests of patients, the medical profession, our employees and our communities. We provide support to a wide variety of organizations and initiatives through our corporate giving programs, including independent medical education grants, charitable contributions, and clinical research and development support.

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

<http://funding.gene.com>

To get started, click the Create A New Funding Request button. This will navigate you to the new request submission page.

Create A New Funding Request

My Required Tasks 1			
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 3

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.

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 4

Your PIN

1234 5

Forgot your pin?

Approve 6

How to apply for Philanthropic 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 total number of attendees/people served.
6. Enter the actual number of students served, as part of the total served.
Note: Only applies to K-12 Education grants.
7. Enter the actual number of teachers served, as part of the total served.
Note: Only applies to K-12 Education grants.
8. Enter the percentage of youth served that received free or reduced lunch.
Note: Only applies to K-12 Education grants.
9. Enter a description of the “best practices” that contributed to the success of the program.
10. Enter a description of the ways the program will be sustained, replicated, or shared.
11. If applicable, enter a description of how Genentech’s unique contribution supported the program.
12. Click “Save and Continue”

On the Evaluations page

1. If available, upload attachments for a summary of program or initiative results.
2. Click “Submit”

Funding Request Application

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[Create a New Funding Request](#)

1 My Required Tasks

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-43273 Program Title: ABC Non-Profit Program

Evaluation

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

3

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

4

* Actual number of attendees/people served, in total

5

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

6

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

7

* What percentage of youth served received free or reduced lunch?

8

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

9

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

10

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

11

[Save and Continue](#) 12

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

Attachments

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

1 [Choose File](#) No file chosen

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

[Choose File](#) No file chosen

Upload additional attachments here

[Choose File](#) No file chosen

Upload additional attachments here

[Choose File](#) No file chosen

[Submit](#) 2

How to apply for Philanthropic 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