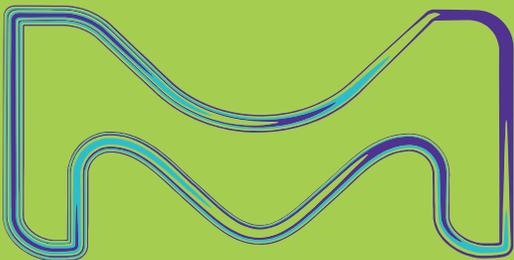


EMD SERONO'S REQUEST MANAGEMENT SYSTEM

How to Use EMD Serono's Online System to Respond
to the RFP for 2024 I'M IN Neurodisparity Fellowship

August 2023



EMD SERONO

Overview

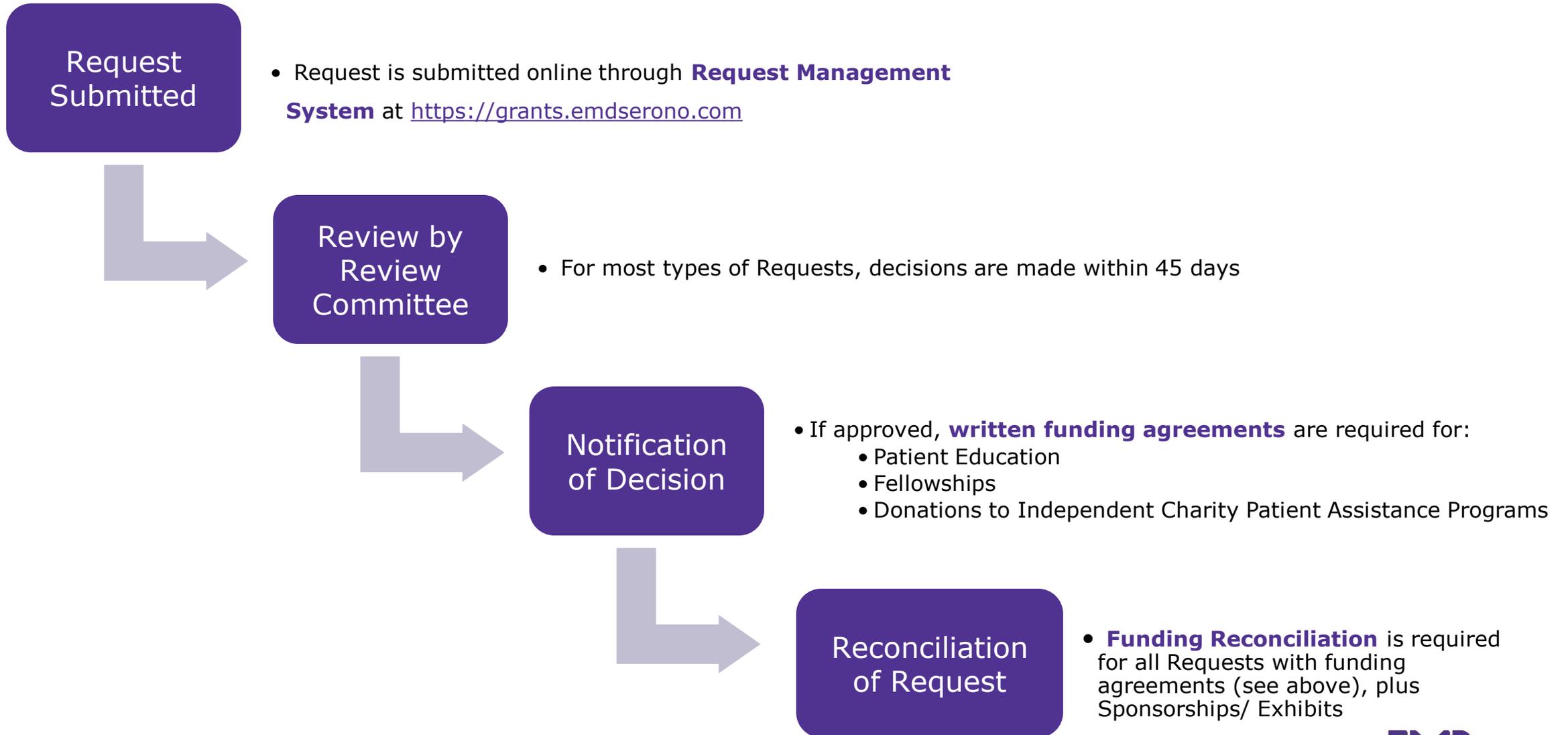
- This Presentation is for organizations who want to submit a Proposal in response to EMD Serono's *Request for Proposals*:

2024 I'm IN Neurodisparity Fellowship

Advancing Diversity, Equity, and Inclusion in Healthcare: Reducing
Disparities in Neurologic Care for Patients with Multiple Sclerosis

- **How to Submit:** Proposals must be submitted through EMD Serono's Request Management System at www.grants.emdserono.com. This Presentation walks you through how to use our system to submit your Proposal. We do not accept Proposals sent via email.
- **Deadline:** Proposals must be submitted by **Saturday, September 30, 2023**, midnight (EST)

High-Level Overview of the Process



**Already a
Registered User?**

If you submitted a Proposal for last year's Neurodisparity Fellowship, then you are already a "registered user".

Jump forward to slide 16 for your next step.

New users go the next page.

New Users

To register as a new user:

Step 1 – go to our website at www.grants.emdserono.com and **click** the second “Click Here” button on the left-hand side of the screen.

This brings you to the part of the system where a funding request can be submitted.

EMD SERONO

Help FAQ Privacy Policy

Welcome to EMD Serono's Request Management System

At EMD Serono, we are passionate about partnering with organizations across all our therapeutic areas to advance our mission of transforming patients' lives by developing and delivering meaningful therapies for difficult-to-treat diseases. Every year we give generously to support educational activities, special events, fundraisers, and charitable organizations.

When we give, we strive to address diversity, equity and inclusion (DEI) in our communities, medical schools, research labs, medical practices, clinical trials, and classrooms. For that reason, we prioritize our financial support for requests that have a DEI component.

[Click Here](#) to download our Quick Guide to Requests.

Accredited Continuing Education for Health Professionals

- This type of funding Request is for accredited continuing education for all health professions. We do not fund non-accredited medical education programs.
- Only accredited continuing education providers may apply for this type of funding.

Our Coordinator for Accredited Continuing Medical Education Requests may be reached at fundingrequests@emdserono.com

Requests for Proposals (RFPs)

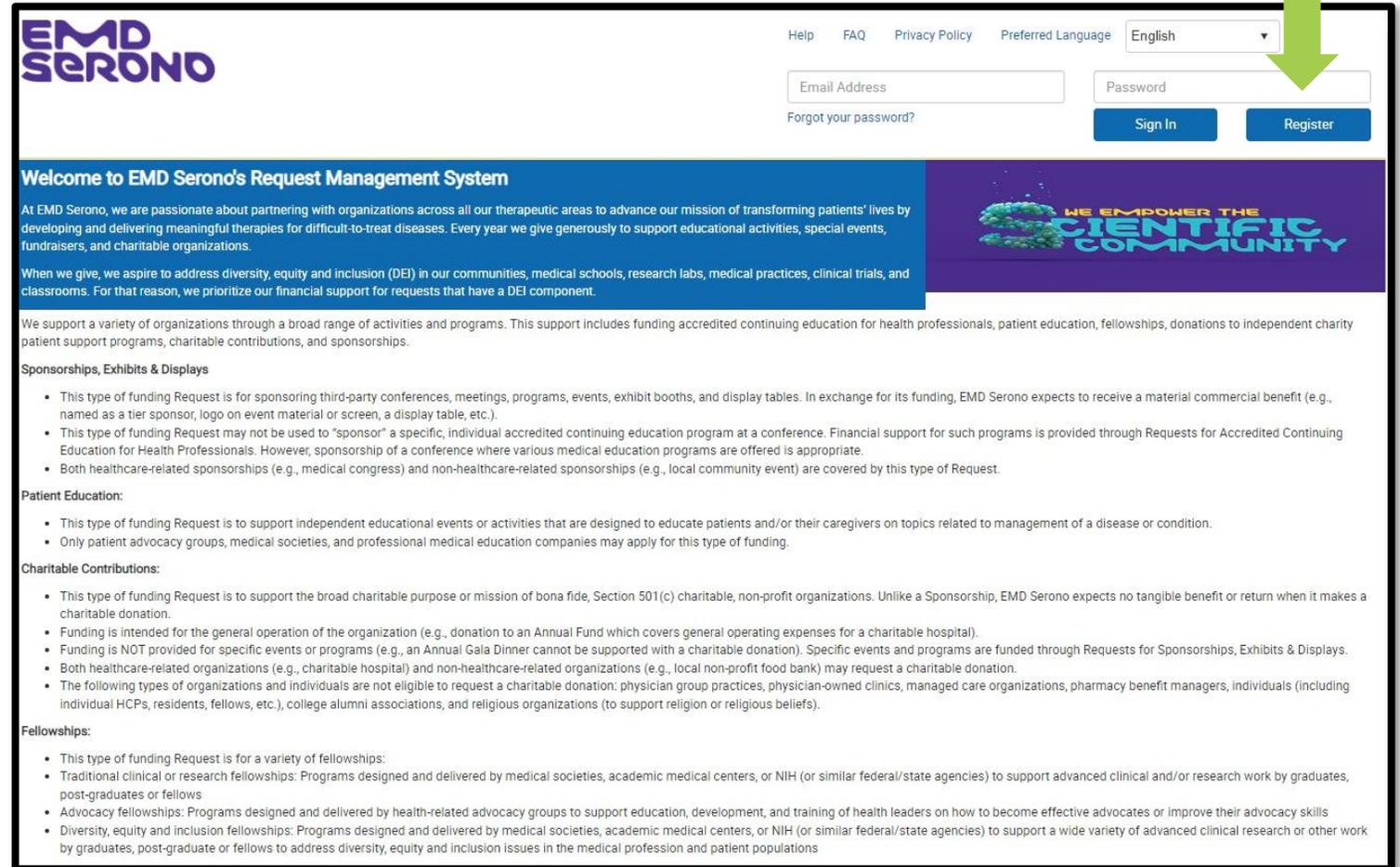
From time to time we issue RFPs for various accredited continuing education activities. The deadline for all current RFPs has passed. When we issue a new RFP it will be posted here, so please check back periodically.

- Sponsorships, Exhibits & Displays**
 - This type of funding Request is for sponsoring third-party conferences, meetings, programs, events, exhibit booths, and display tables. In exchange for its funding, EMD Serono expects to receive a material commercial benefit (e.g., named as a tier sponsor, logo on event material or screen, a display table, etc.).
 - This type of funding Request may not be used to "sponsor" a specific, individual accredited continuing education program at a conference. Financial support for such programs is provided through Requests for Accredited Continuing Education for Health Professionals. However, sponsorship of a conference where various medical education programs are offered is appropriate.
 - Both healthcare-related sponsorships (e.g., medical congress) and non-healthcare-related sponsorships (e.g., local community event) are covered by this type of Request.
 - The following types of organizations and individuals are not eligible to request funding for a Sponsorship, Exhibit or Display: physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals (including individual HCPs, residents, fellows, etc.), college alumni associations, and religious organizations (to support religion or religious beliefs).
- Patient Education**
 - This type of funding Request is to support independent educational events or activities that are designed to educate patients and/or their caregivers on topics related to management of a disease or condition.
 - Only patient advocacy groups, medical societies, and professional medical education companies may apply for this type of funding.
 - The following types of organizations and individuals are not eligible to request funding for independent patient education events and activities: individual HCPs, physician group practices, physician-owned clinics, managed care organizations, and pharmacy benefit managers.
- Charitable Contributions (Donations)**
 - This type of funding Request is a donation to support the general operations of a charitable, non-profit organization.
 - The donation should not be designated or " earmarked" to support a particular, identifiable event, program or activity of the organization. Support for a specific event, program or activity may only be provided through a request for a Sponsorship. Donations are to support an organization's general operating expenses.
 - Both healthcare-related organizations (e.g., charitable hospital) and non-healthcare-related organizations (e.g., local non-profit food bank) may request a charitable donation.
 - The following types of organizations and individuals are not eligible to request a charitable donation: physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals (including individual HCPs, residents, fellows, etc.), college alumni associations, and religious organizations (to support religion or religious beliefs).
- Fellowships**
 - This type of funding Request is available for 3 different types of Fellowships. Be sure to read the description of each type of Fellowship below so that you apply for the correct type.
 - Traditional Clinical or Research Fellowships** – These programs are designed and delivered by medical societies, clinical centers, universities, other scientific organizations, or the U.S. National Institutes of Health (NIH) and similar federal or state agencies to support the development of graduate and post-graduate students or fellows in medical and scientific research and/or education. For an NIH or similar federal/state agency fellowship, the fellowship recipient must be an intramural physician at NIH or the agency.
 - Advocacy Fellowships** – These programs are designed and delivered by health-related advocacy groups to support education, development, and training of health leaders (i.e., fellows) on how to become effective advocates or how to improve their advocacy skills. The focus of Advocacy Fellowships may include, without limitation, addressing issues such as effective advocacy strategies (i.e., grassroots organizing and coalition building, media and messaging, legislative advocacy, public interest lobbying), how to engage in public policy at the local, state and national levels while developing an advocacy network of non-profit leaders, how to skillfully and compassionately guide patients and their families through the managed care and healthcare systems, etc.
 - Advocacy groups are defined as formally organized non-profit groups that (1) concern themselves with medical conditions or potential medical conditions and (2) have a mission and take actions that seek to help people affected by those medical conditions and/or their families and caregivers.
 - Diversity, Equity, Inclusion Fellowships** – These programs are designed and delivered by medical societies, clinical centers, universities, other scientific organizations, NIH and similar federal/state agencies, or advocacy groups to support graduates, post-graduates or fellows in a wide variety of medical and scientific research and/or education which is primarily dedicated to and expressly addresses diversity, equity and inclusion (DEI) issues in the medical profession and/or patient populations. Such DEI issues could include, without limitation, addressing disparities in access to and delivery of healthcare, enhancing opportunities to diversify the pipeline (i.e., underrepresentation of minority populations in the medical profession pipeline), addressing unconscious bias among treating physicians (or patients) and gatekeepers for career advancement (for medical students, fellows, young physicians, etc.), enhancing health literacy and patient-centered education.
 - The following people and organizations are not eligible to receive any type of fellowship funding: individual HCPs, physician group practices, physician-owned clinics, managed care organizations, and pharmacy benefit managers.
- Independent Charity Patient Assistance Programs**
 - This type of funding Request is to support independent non-profit charities (with an OIG Opinion) who provide "safety net assistance" to patients of limited means through properly-structured patient assistance programs.

Our Coordinator for these types of Requests may be reached at fundingrequests@emdserono.com

New Users

Step 2 – Click the “Register”
button on the top right-hand
side of the screen



The screenshot shows the EMD Serono Request Management System registration page. At the top left is the EMD Serono logo. To the right are links for Help, FAQ, Privacy Policy, and Preferred Language (set to English). Below these are input fields for Email Address and Password, with a 'Forgot your password?' link. The 'Register' button is highlighted with a green arrow. Below the registration form is a blue banner with the text 'Welcome to EMD Serono's Request Management System' and a description of the organization's mission. The main content area contains sections for 'Sponsorships, Exhibits & Displays', 'Patient Education', 'Charitable Contributions', and 'Fellowships', each with a list of details.

EMD SERONO

Help FAQ Privacy Policy Preferred Language English

Email Address Password

Forgot your password? Sign In Register

Welcome to EMD Serono's Request Management System

At EMD Serono, we are passionate about partnering with organizations across all our therapeutic areas to advance our mission of transforming patients' lives by developing and delivering meaningful therapies for difficult-to-treat diseases. Every year we give generously to support educational activities, special events, fundraisers, and charitable organizations.

When we give, we aspire to address diversity, equity and inclusion (DEI) in our communities, medical schools, research labs, medical practices, clinical trials, and classrooms. For that reason, we prioritize our financial support for requests that have a DEI component.

We support a variety of organizations through a broad range of activities and programs. This support includes funding accredited continuing education for health professionals, patient education, fellowships, donations to independent charity patient support programs, charitable contributions, and sponsorships.

Sponsorships, Exhibits & Displays

- This type of funding Request is for sponsoring third-party conferences, meetings, programs, events, exhibit booths, and display tables. In exchange for its funding, EMD Serono expects to receive a material commercial benefit (e.g., named as a tier sponsor, logo on event material or screen, a display table, etc.).
- This type of funding Request may not be used to "sponsor" a specific, individual accredited continuing education program at a conference. Financial support for such programs is provided through Requests for Accredited Continuing Education for Health Professionals. However, sponsorship of a conference where various medical education programs are offered is appropriate.
- Both healthcare-related sponsorships (e.g., medical congress) and non-healthcare-related sponsorships (e.g., local community event) are covered by this type of Request.

Patient Education:

- This type of funding Request is to support independent educational events or activities that are designed to educate patients and/or their caregivers on topics related to management of a disease or condition.
- Only patient advocacy groups, medical societies, and professional medical education companies may apply for this type of funding.

Charitable Contributions:

- This type of funding Request is to support the broad charitable purpose or mission of bona fide, Section 501(c) charitable, non-profit organizations. Unlike a Sponsorship, EMD Serono expects no tangible benefit or return when it makes a charitable donation.
- Funding is intended for the general operation of the organization (e.g., donation to an Annual Fund which covers general operating expenses for a charitable hospital).
- Funding is NOT provided for specific events or programs (e.g., an Annual Gala Dinner cannot be supported with a charitable donation). Specific events and programs are funded through Requests for Sponsorships, Exhibits & Displays.
- Both healthcare-related organizations (e.g., charitable hospital) and non-healthcare-related organizations (e.g., local non-profit food bank) may request a charitable donation.
- The following types of organizations and individuals are not eligible to request a charitable donation: physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals (including individual HCPs, residents, fellows, etc.), college alumni associations, and religious organizations (to support religion or religious beliefs).

Fellowships:

- This type of funding Request is for a variety of fellowships:
- Traditional clinical or research fellowships: Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support advanced clinical and/or research work by graduates, post-graduates or fellows
- Advocacy fellowships: Programs designed and delivered by health-related advocacy groups to support education, development, and training of health leaders on how to become effective advocates or improve their advocacy skills
- Diversity, equity and inclusion fellowships: Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support a wide variety of advanced clinical research or other work by graduates, post-graduate or fellows to address diversity, equity and inclusion issues in the medical profession and patient populations

WE EMPOWER THE SCIENTIFIC COMMUNITY

New Users

Step 3 – Search for your organization to make sure you don't already have a user account

- **Enter** the country (United States) and your organization's legal name (no need to fill out the other fields) and then **click** the "search" button

The screenshot shows the EMD SERONO registration interface. At the top right, there are links for Help, FAQ, and Privacy Policy. The EMD SERONO logo and a home icon are on the left. A notice explains that users must register before submitting a request and provides instructions on the registration process, including the requirement to complete it in a single session and the need to provide personal data. Below the notice is a navigation bar with four tabs: Organization Information (selected), Organization Address, User Information, and Compliance Commitment. The main content area contains instructions for the search step: "Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us." The form fields include Country (a dropdown menu with a green arrow pointing to it), Identifier Type (a dropdown menu), Identifier Value (a text input field), and Organization Legal Name (a text input field with a green arrow pointing to it). A blue Search button is at the bottom right, also with a green arrow pointing to it.

New Users

Step 4 – If your organization does appear in the search results, there is no need to create a new user or a new organization in the Request Management System.

Organization Information | Organization Address | User Information | Compliance Commitment

Instructions:
Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us.

* Country: United States

Identifier Type: [Dropdown]

Identifier Value: [Text Box]

Organization Legal Name: Grant Test

Search

Results

Organization Legal Name	Address Line 1	Country	City	State/Province/Region	Postal Code	Select
EMD Grant Test, Inc.	199C Plymouth Street	United States	Carver	MA	02330	<input type="radio"/>

- **Click** the radio button under the “Select” column and your organization’s information will automatically pop up.

* Identifier Information

Country	Identifier Type	State	Identifier Value
United States	TIN		01-1234567

* Country: United States

* Organization Legal Name: EMD Grant Test, Inc.

* Are you part of a larger parent organization?: No

* Organization Type: Other

* If other, please describe: Testing

* Tax Status: Not for Profit

* Organization Description: EMD Grant Testing

* Is this your organization? Yes No

Cancel | Proceed

- Then **click** the “Yes” radio button next to “Is this your organization?”
- Then **click** the “Proceed” button.
- Jump forward to page 18 for your next steps.

New Users

Step 5 – If your organization is not found, then **click** “Add a New Organization”

Organization Information Organization Address User Information Compliance Commitment

Instructions:
Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us.

* Country United States ▼

Identifier Type ▼

Identifier Value

Organization Legal Name Test Name

Search

Organization not found. Please click the 'Add a New Organization' button and complete all required fields.

➔ Add a New Organization

New Users

Step 6 – Fill out the “**Identifier Information**” at the top:

- Country - “United States”
- Identifier type - “TIN”
- State – LEAVE BLANK
- Identifier Value – type in your Federal Tax Identification #
- Then fill out the “**Add Additional Identifier**” section
- Then upload a **signed W9 Form** (blank W9 form available at www.irs.gov/FormW9)
- Then **ONLY IF** you’re a non-profit organization, upload your IRS Letter of Determination (i.e., non-profit status) (copy available at <https://apps.irs.gov/app/eos/>)
- **Click** “Proceed” when you’re done

The screenshot shows the 'Add a New Organization' form. The 'Identifier Information' section is filled out as follows:

Country	Identifier Type	State	Identifier Value	Delete
United States	TIN		11-2345666	

Below this table is the 'Add Additional Identifier' section, which is currently empty. The main form fields are:

- Country:** United States (dropdown)
- Organization Legal Name:** Test Organization (text input)
- Are you part of a larger parent organization?:** No (radio button selected)
- Organization Type:** Academic Institution (dropdown)
- Tax Status:** Not for profit: 501(c)(3) (dropdown)
- Organization Description:** academic medical center (text input)
- Organization Signed W9 Form:** (text input with 'Browse' button)
- IRS Letter of Determination:** (text input with 'Browse' button)

Buttons at the bottom: Cancel and Proceed.

New Users

Step 7 – Fill out the “Organization Address” tab

- If you do not have a website, leave this field blank (do not type in “none” or “N/A”)
- The last question about being a “certified accreditor” does not apply to fellowships, so **click** the “no” radio button
- Then **click** “Proceed”

Please provide your address information below. Please complete all required fields. An asterisk "*" indicates a required field.

Organization Information	Organization Address	User Information	Compliance Commitment
* Organization Legal Name	Test Organization		
* Address Line 1 <small>Organizations with multiple departments or locations - Address should reflect your specific department/location. PO Boxes not accepted.</small>	123 Main Street		
Address Line 2			
* City	Town		
* State	MA ▼		
* Postal Code	02108		
Website URL			
How many years has your organization been in business?	1		
* Is your organization a certified accreditor?	<input type="radio"/> Yes <input checked="" type="radio"/> No ?		
Back		Cancel	Proceed

New Users

Step 8 – On the “User Information” tab, type in your email address

- **Click** “Check Availability” to make sure the email isn’t already registered

The screenshot shows the EMD SERONO user registration interface. At the top right, there are links for Help, FAQ, and Privacy Policy. The EMD SERONO logo and a home icon are on the left. The main heading reads: "Enter your email which will be used as a User ID for your account and check its availability in the system." Below this, there are four tabs: Organization Information, Organization Address, User Information (which is selected and highlighted in blue), and Compliance Commitment. Under the "User Information" tab, there is a form with a label "Email" and a text input field containing "testuser@abchealthsystem.org". To the right of the input field is a blue button labeled "Check Availability". A red arrow points from a red callout box to this button. The callout box contains the text: "Check to verify that the email is not already registered".

New Users

Step 9 – Enter your email, a password, and the other information requested.

- For the question “If the funding request submitted requires a Letter of Agreement, do you have the legal authority to sign on behalf of your organization?”
- If someone besides you is the official signer for agreements, enter their contact information. If your Request is accepted, our system will automatically forward an Agreement to this person to sign. Otherwise, the Agreement will be sent to you to sign.

Organization Information Organization Address **User Information**

Compliance Commitment

Email ✓

* Re-enter email

* Password
Note: Password must be 8-12 characters and must contain at least two of the following complexities: an upper case letter, a lower case letter or a symbol.

* Confirm Password

Title ▼

* First Name

* Last Name

* Business Role

* Primary Phone ▼

Secondary Phone ▼

Fax

Secondary Contact Title ▼

Secondary Contact Name

Secondary Contact Phone ▼

Secondary Contact Email

* If the funding request submitted requires a Letter of Agreement, do you have the legal authority to sign on behalf of your organization? Yes No

* Email Address

* First Name

* Last Name

* Business Role

If a second person needs to sign agreements at your organization, click this button and add their contact information

New Users

Step 10 – Read our Compliance Commitment

- **Click** the “I Agree” button and then **click** the “Complete Registration” button

EMD SERONO

Help | FAQ | Privacy Policy

Please read these terms and conditions carefully. You must agree to all of the following terms and conditions before you proceed.

Organization Information Organization Address User Information **Compliance Commitment**

Please read these terms and conditions carefully. You must agree to all of the following terms and conditions before proceeding and your submission of a request confirms your agreement to the same.

EMD Serono has a history of being deeply committed to increasing healthcare knowledge and advancing patient care. We financially support a variety of organizations through a broad range of activities and programs. This support includes funding accredited medical education for HCPs, patient education, fellowships, donations to independent charity patient support programs, charitable contributions and sponsorships.

EMD Serono's support is compliant with federal and state laws, as well as guidelines that govern such activities. EMD Serono's review process for funding requests does not take into account whether the requesting organization is a current or potential customer of EMD Serono products. EMD Serono commercial staff, including field and marketing staff, is not involved in decisions to fund requests for accredited medical education for HCPs, patient education, fellowships, donations to independent charity patient support programs, or charitable contributions.

In line with our own compliance commitment, we require all requestors to agree to all of the following terms (by clicking "I agree"). If you disagree with any of these terms, you will not be able to submit any type of funding request.

8. I understand that in certain instances, EMD Serono may decide to fund my request in installments and/or for a lesser amount than I requested

9. I understand that I must sign a Letter of Agreement for medical education, fellowship and donations for independent charity PAP requests before EMD Serono will provide any funding.

10. I understand that if my funding request states that funds will be used for a specific purpose then I must use the funds for that specific purpose. I also agree to refund EMD Serono any unused funds.

11. I understand that a reconciliation is required for all funding awarded for accredited medical education for HCPs, patient education and fellowships. Any unused funds must be returned in connection with the reconciliation.

12. I acknowledge that EMD Serono reserves the right to correct any administrative or technology-based errors that may occur during the request submission, review, decision-making or other processes in the Request Management System.

13. I agree that EMD Serono may contact me in the future by phone, fax, mail, or email, for the limited purpose of evaluating my experience and satisfaction with its Request Management System, this website and the overall funding process.

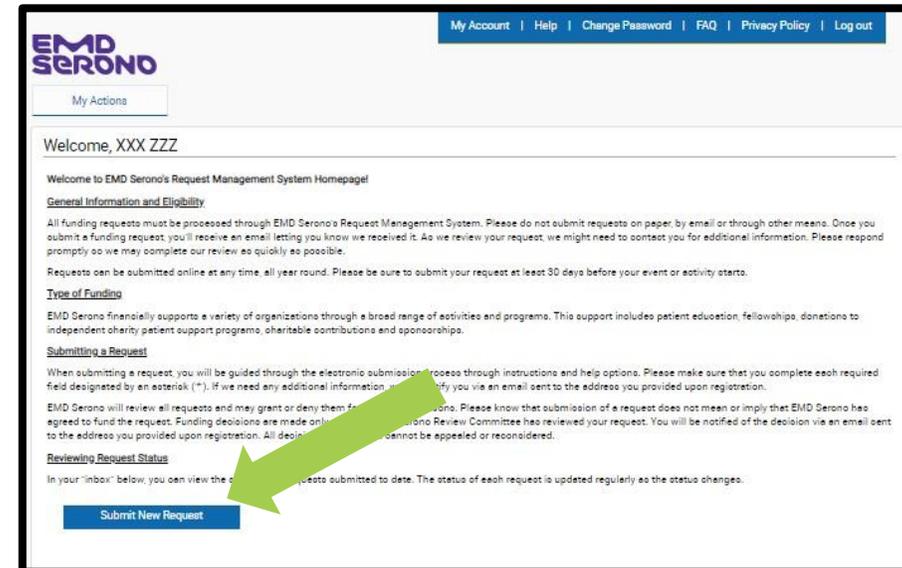
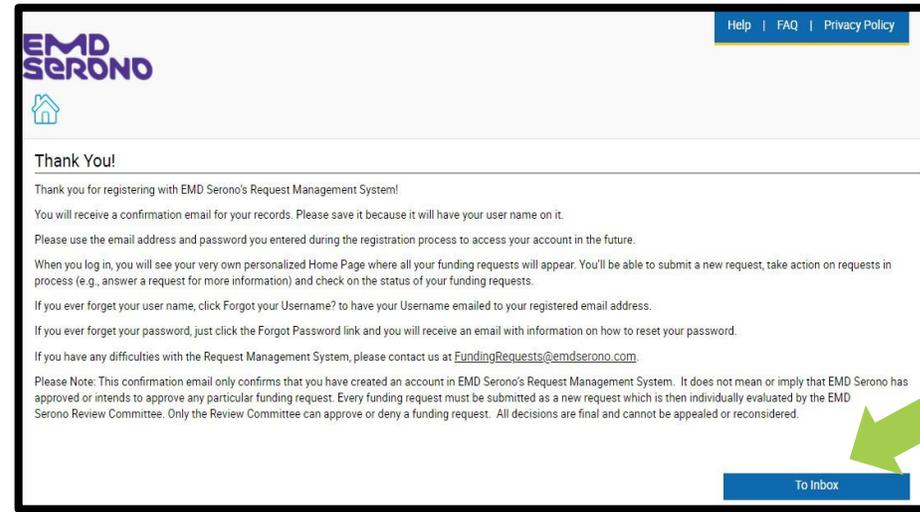
I Agree I Disagree

Back Cancel Complete Registration

New Users

You are now registered. You will receive an email confirming your registration.

- To submit your Fellowship Proposal, **click** "To Inbox"
- On the next screen which appears, **click** "Submit New Request"



submitting your fellowship proposal

EMD serono

Fellowships

How to Submit a Proposal

(called a "Request" in the system)

- After logging in to the system, **Click** on "Submit New Request"

Confirmation Email

- Once your Request is submitted, you will receive a confirmation email.

EMD SERONO

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Welcome, XXX ZZZ

Welcome to EMD Serono's Request Management System Homepage!

General Information and Eligibility

All funding requests must be processed through EMD Serono's Request Management System. Please do not submit requests on paper, by email or through other means. Once you submit a funding request, you'll receive an email letting you know we received it. As we review your request, we might need to contact you for additional information. Please respond promptly so we may complete our review as quickly as possible.

Requests can be submitted online at any time, all year round. Please be sure to submit your request at least 30 days before your event or activity starts.

Type of Funding

EMD Serono financially supports a variety of organizations through a broad range of activities and programs. This support includes patient education, fellowships, donations to independent charity patient support programs, charitable contributions and sponsorships.

Submitting a Request

When submitting a request, you will be guided through the electronic submission process through instructions and help options. Please make sure that you complete each required field designated by an asterisk (*). If we need any additional information, we will notify you via an email sent to the address you provided upon registration.

EMD Serono will review all requests and may grant or deny them for a variety of reasons. Please know that submission of a request does not mean or imply that EMD Serono has agreed to fund the request. Funding decisions are made only after the EMD Serono Review Committee has reviewed your request. You will be notified of the decision via an email sent to the address you provided upon registration. All decisions are final and cannot be appealed or reconsidered.

Reviewing Request Status

In your "inbox" below, you can view the status of all requests submitted to date. The status of each request is updated regularly as the status changes.

Submit New Request

Funding Requests

- **Click** on “Fellowships”

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My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Request Type Selection

Please select the type of request you would like to submit. Before making your selection, please read the descriptions to make sure you select the correct request type.

Sponsorships, Exhibits & Displays	<p>Sponsorships, Exhibits & Displays</p> <ul style="list-style-type: none"> This type of funding Request is for sponsoring third-party conferences, meetings, programs, events, exhibit booths, and display tables. In exchange for its funding, EMD Serono expects to receive a material commercial benefit (e.g., named as a tier sponsor, logo on event material or screen, a display table, etc.). This type of funding Request may not be used to "sponsor" a specific individual accredited continuing education program at a conference. Financial support for such programs is provided through Requests for Accredited Continuing Education for Health Professionals. However, sponsorship of a conference where various medical education programs are offered is appropriate. Both health-related sponsorships (e.g., medical congress) and non-health-related sponsorships (e.g., local community event) are covered by this type of Request.
Patient Education	<p>Patient Education:</p> <ul style="list-style-type: none"> This type of funding Request is to support independent educational events or activities that are designed to educate patients and/or their caregivers on topics related to management of a disease or condition. Only patient advocacy groups, medical societies, and professional medical education companies may apply for this type of funding.
Charitable Contributions	<p>Charitable Contributions:</p> <ul style="list-style-type: none"> This type of funding Request is to support the broad charitable purpose or mission of bona fide, Section 501(c) charitable, non-profit organizations. Unlike a Sponsorship, EMD Serono expects no tangible benefit or return when it makes a charitable donation. Funding is intended for the general operation of the organization (e.g., donation to an Annual Fund which covers general operating expenses for a charitable hospital). Funding is NOT provided for specific events or programs (e.g., an Annual Gala Dinner cannot be supported with a charitable donation). Specific events and programs are funded through Requests for Sponsorships, Exhibits & Displays. Both health-related organizations (e.g., charitable hospital) and non-health-related organizations (e.g., local non-profit food bank) may request a charitable donation. The following types of organizations and individuals are not eligible to request a charitable donation: physician group practices, physician-owned clinics, managed care organizations, pharmacies/benefit managers, individuals (including individual HCPs, residents, fellows, etc.), college alumni associations, and religious organizations (to support religion or religious beliefs).
Fellowships	<p>Fellowships:</p> <ul style="list-style-type: none"> This type of funding Request is for a variety of fellowships: Traditional clinical or research fellowships: Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support advanced clinical and/or research work by graduates, post-graduates or fellows. Advocacy fellowships: Programs designed and delivered by health-related advocacy groups to support education, development, and training of health leaders on how to become effective advocates or improve their advocacy skills. Diversity, equity and inclusion fellowships: Programs designed and delivered by medical societies, academic medical centers, or NIH (or similar federal/state agencies) to support a wide variety of advanced clinical research or other work by graduates, postgraduate or fellows to address diversity, equity and inclusion issues in the medical profession and patient populations.

Funding Requests

- Read the “Request Completion Instructions”
- Then **click** the “Proceed” button
- You will then be brought to the “application” page for the Fellowship.

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My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue on the page. Select "OK" and immediately click anywhere within the request system in order to remain active. If you do not select "OK" or if you do not click anywhere within the request system within 1 minute, any unsaved information that you have entered will be lost.

General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

- The start and end date of your fellowship should be the general timeframe in which you expect the fellowship program to begin and end. Do not include the time spent planning the program or selecting the fellow.
- You will be asked to add the delivery format of your fellowship. Indicate if it is live meeting.
- You will be asked to provide information regarding your target audience and number of participants anticipated. List the therapeutic area of focus for the fellowship and the number of fellows to be fun.
- Note: Funding is available for traditional medical/scientific fellowships (which are typically year-long, programmatic opportunities for professional development of a fellow at a particular institution in a particular scientific or medical field) and so-called advocacy fellowships (which are specific programs to train fellows about patient advocacy and how to work with their communities, the media and policymakers to create change for patients). When describing your fellowship, indicate which type it is.

Budget

In the Budget section of your request, you will be asked to provide details regarding the expenses related to the activity for which your request is being submitted.

- Fill in only those fields that apply to your request.
- Items that do not fall into a specifically listed category in the budget section should be included in the "other" section of the budget, and a description should be entered in the "comments" field. If necessary, a more detailed budget may be uploaded in the "Supporting Documents" section of the request.
- When preparing your budget, please remember that EMD Serono permits Fellowship funds to be used only for – only direct expenses associated with the Fellowship (e.g., salary and benefits), not as a subsidy of routine business expenses. If the Fellowship position includes both billable and unbillable services and research/teaching, the request must only cover activities devoted to non-billable services or research/teaching. Fellowship funds may not be used to pay for salary or any portion of a position that bills for services or research/teaching. Also Fellowship funds may not be used to pay for attendance at a conference or meeting.

Supporting Documents

You may submit additional documentation you think would be helpful in making a decision on your request. Please limit the documentation to items relevant to the activity addressed in your request.

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of EMD Serono's Request Management System.

Letter of Agreement

If EMD Serono provides funding for your fellowship, a Letter of Agreement (LOA) will be sent to you via email and an authorized representative for all parties will be required to sign the LOA.

Reconciliation

EMD Serono requires a reconciliation of funds to take place. Unused funds must be refunded to EMD Serono as part of the reconciliation process.

Records and Audit Rights for Educational Grants

Recipients of educational grants must maintain all records relating to the educational activity for a period of two years after the end date of the activity. Upon request, the recipient must also allow auditors access to all records, including expense records, related to the educational activity at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. A representative will contact you if EMD Serono requests an audit.

Back

Proceed

Cancel

Fellowships

- Complete the “General Information” tab. Fill out the fields as shown below:
 - Activity Sub-Type: select “Fellowships”
 - Type of Fellowship Requested: “DEI Fellowship”
 - Therapeutic Area: Neurology
 - Disease State: MS
 - Program Title: **IMPORTANT** - You must type in “RFP: 2024 I’M IN EMD Serono Neurodisparity Fellowship”
 - Program/Activity Description: **IMPORTANT** - You must type in “Neurodisparity Fellowship – see document with Detailed Information about Fellowship Program, which has been uploaded.” See the “Fellowship Proposal Checklist” attached to the RFP for instructions on what to include in this document.
 - Program End Date: This may be any date on or before **July 1, 2025**.
 - Does Request have DEI aspect? **IMPORTANT** – select “yes” and then type “See document with Detailed Information about Fellowship Program, which has been uploaded.”
 - Fill out all other fields and **Click** “Save and Proceed to Next Step”

The screenshot shows the 'General Information' tab of a web form. The navigation bar includes 'General Information', 'Request Information', 'Budget', 'Document Uploads', and 'Authorized Signer/Payee'. The form fields are as follows:

- * Activity Sub-Type: dropdown menu
- * Type of Fellowship Requested: dropdown menu
- * Therapeutic Area: dropdown menu
- * Disease State: dropdown menu
- Choose Additional Therapeutic Area: button
- * Program Title: text input (Name of the Fellowship Program)
- * Program/Activity Description: text input
- * Decision Requested by Date: date picker (We cannot guarantee that a final decision will be determined by this date.)
- * Program Start Date: date picker
- * Program End Date: date picker
- * Currency: USD
- * Requested Amount: text input (Funds may be used for salary, benefits, attendance at medical congresses, and other direct expenses but may not be used for any billable teaching or research work.)
- * Estimated Program Budget: text input
- * Is other financial support being sought for this program?: radio buttons (Yes/No)

The screenshot shows the bottom section of the form with the following content:

- * Does this Request have a diversity, equity or inclusion aspect to it? Yes No
- Save and Back button
- Save and Continue Later button
- Save and Proceed to Next Step button (highlighted with a green arrow)
- Cancel button

Fellowships

- Complete the “Request Information” tab. Fill out fields as indicated below:
 - Needs Assessment Summary: Tell us about the “need” your fellowship will address. If the need is fully described in the document with Detailed Information about Fellowship Program (see prior slide), then type: “See attached upload.”
 - Learning Objectives: The system requires you to enter at least one Learning Objective for your Fellowship.
 - **IMPORTANT**: You must type in an objective and then **click** the checkmark under the “Action” column on the far right. Once you do, a pencil icon will appear in the “Edit” column. If you wish, you may type in a second objective and then **click** the checkmark next to it.
- When done, **click** “Save and Proceed to Next Step”

General Information | **Request Information** | Budget | Document Uploads | Authorized Signer/Payee

* Needs Assessment Summary
Please provide brief description of the need for funding.

* Learning Objectives
How will the participant benefit from this program?

Objective	Edit	Action
		✓
		✓

Add Objective

Save and Back | Save and Continue Later | Save and Proceed to Next Step

Cancel

Fellowships

- Complete the “Budget” tab
- **Tips:**
 - The amount of the “Estimated Program Budget” and “Request Amount” will be pre-populated from the “Request Information” tab. The “Detailed Budget” column will show zeros and the “Difference” column will appear in red until you add your Budget Items.
 - The most common Fellowship expenses tend to be Salary, Direct Expenses (such as fringe benefits), and Other costs (such as travel to a congress, congress registration, publication expenses, etc.)
 - **“Amount”** – this field is asking for the TOTAL dollar amount needed for the Fellowship program (e.g., \$400,000), which often is in excess of the amount provided by EMD Serono.
 - **“Number of People”** – the number of people supported by this amount
 - **“Requested Amount”** – **IMPORTANT:** this is the amount requested from EMD Serono (not to exceed a total of \$150,000) and often will not be the TOTAL dollar amount needed; other funding sources may be needed.
 - When done, the “Detailed Budget” column will be filled out and the “Difference” column will show zeros.
 - **Click** “Save and Proceed to Next Step”

General Information Request Information **Budget** Document Uploads Authorized Signer/Payee

Please complete all required fields. Asterisk "*" Indicates Required Field

Currency: USD				
	General Information	Detailed Budget	Difference	
Estimated Program Budget	10.00	10.00	0.00	
Requested Amount	10.00	10.00	0.00	

Budget

Budget Item	Amount	Number of People	Estimated Program Budget	Requested Amount	Comments
Salary	1.00	1	1.00	1.00	
Direct Expenses	2.00	1	2.00	2.00	
Research/Lab costs	3.00	1	3.00	3.00	
Other (describe in comments)	4.00	1	4.00	4.00	Other
Total			USD 10.00	USD 10.00	

Fellowships

- Complete the “Document Uploads” tab
 - Formal Letter of Request: On institutional letterhead from the person responsible for your Fellowship Program; need only be 1 paragraph long
 - Detailed Info About Fellowship Program: See the “Fellowship Proposal Checklist” attached to the RFP for instructions on what to include in this document.
 - Annual Report: For purposes of this RFP, no need to upload an Annual Report or Annual Impact Statement.
 - Additional documents can be uploaded by **clicking** the “Add Document” box.
 - **Click** “Save and Proceed to Next Step”

EMD SERONO

My Actions

Request Detail

Request ID 2023-RMS-FEL -107994

This page allows you to upload supporting documents electronically. Some documents are mandatory for upload and indicated by asterisk “*”.

Please feel free to submit any additional relevant documents that may help us review your request (e.g., agendas, proposed faculty, description of the organization, detailed needs assessment, etc.).

Upload Documents

Upload documents by specifying a document title below and clicking the Browse button. Select the appropriate file for the document you wish to attach to your request and click the Upload button (maximum upload size = 20 Megabytes).

Documents of the following types may be uploaded: pdf, docx, xlsx, xls, doc, rtf, tif, gif, txt, ppt, pptx, jpg, jpeg.

General Information | Request Information | Budget | **Document Uploads** | Authorized Signer/Payee

* Is the current Tax Documentation in your profile up to date? Yes No
[View Uploaded Tax Documentation](#)

* Is the current IRS letter of determination in your profile up to date? Yes No
[View IRS letter of determination](#)

* Formal Letter of Request

* Detailed Information About the Fellowship Program and the Work to be Funded

If relevant to the Fellowship, an Annual Report or Annual Impact Statement

Add Document

Save and Back | Save and Continue Later | Save and Proceed to Next Step | Cancel

EMD SERONO

Fellowships

- Complete the “Authorized Signer/Payee” tab
 - If someone besides you must sign the Fellowship Agreement, list that person here.

EMD SERONO

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

Request Detail

Request ID 2022-RMS-FEL -107912
Please complete all required fields. An asterisk "*" indicates a required field.
The Authorized Signer is the person who would need to sign the Letter of Agreement (LOA).

General Information | Request Information | Budget | Document Uploads | **Authorized Signer/Payee**

Authorized Signer

* Is the Authorized Signer listed below correct?
This is an individual within the requesting organization who has the authority to sign the Letter of Agreement. Yes No

Authorized Signer First Name: AAA

Authorized Signer Last Name: BBB

Authorized Signer Email Address: President@MyOrganization.com

Payee Information

* Attention:

* Is the listed address below correct?
This address is informational only. Click No to indicate a different address to send the payment. Yes No

Address 1	Country	City	State/Province/Region	Postal Code
123 Main Street	United States	Town	MA	02108

Save and Back | Save and Continue Later | Save and Proceed to Next Step

Cancel

Fellowships

- On the “Review Request” page, review all the information to make sure it is correct.
- If you need to revise any information, **click** the “pencil” icon in the blue bar on the far right-hand side (circled in red)
- At the bottom of the page, you must read and agree to our Compliance Commitment by **ticking both boxes** and then **click** “Proceed”.
- This submits your Proposal.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

EMD SERONO

My Actions

Request Review

Request ID 2022-RMS-FEL-107912

Print

General Information

Request ID	2022-RMS-FEL-107912
Activity Sub-Type	Fellowships
Therapeutic Area	Neurology
Disease State	MS
Program Title	RFP: 2023 I'M IN EMD Serono Neurodisparity Fellowship
Program/Activity Description	Neurodisparity Fellowship - see attached description
Decision Requested by Date	24 Feb 2023
Currency	USD
Requested Amount	150,000.00
Estimated Program Budget	150,000.00
Is other financial support being sought for this program?	No
Number of participants in the program	1
Please enter the approximate percentage of your Organization/Institution's total annual budget that this request would represent	0-24%
Number of participants for which you are requesting support	1
Does this Request have a diversity, inclusion, or equality component to it?	Yes
If yes, summarize it in 1-2 sentences	(Provide a 2 sentence summary)

Request Information

Needs Assessment Summary

Our fellowship will address the neurodisparity needs of the underserved Black and Brown MS populations in the metro-XXX area.....

Criteria for selecting a participant

Learning Objectives

Competitive Process

Objective

Identify barriers to treatment for Black and Brown patients with MS

Agreement

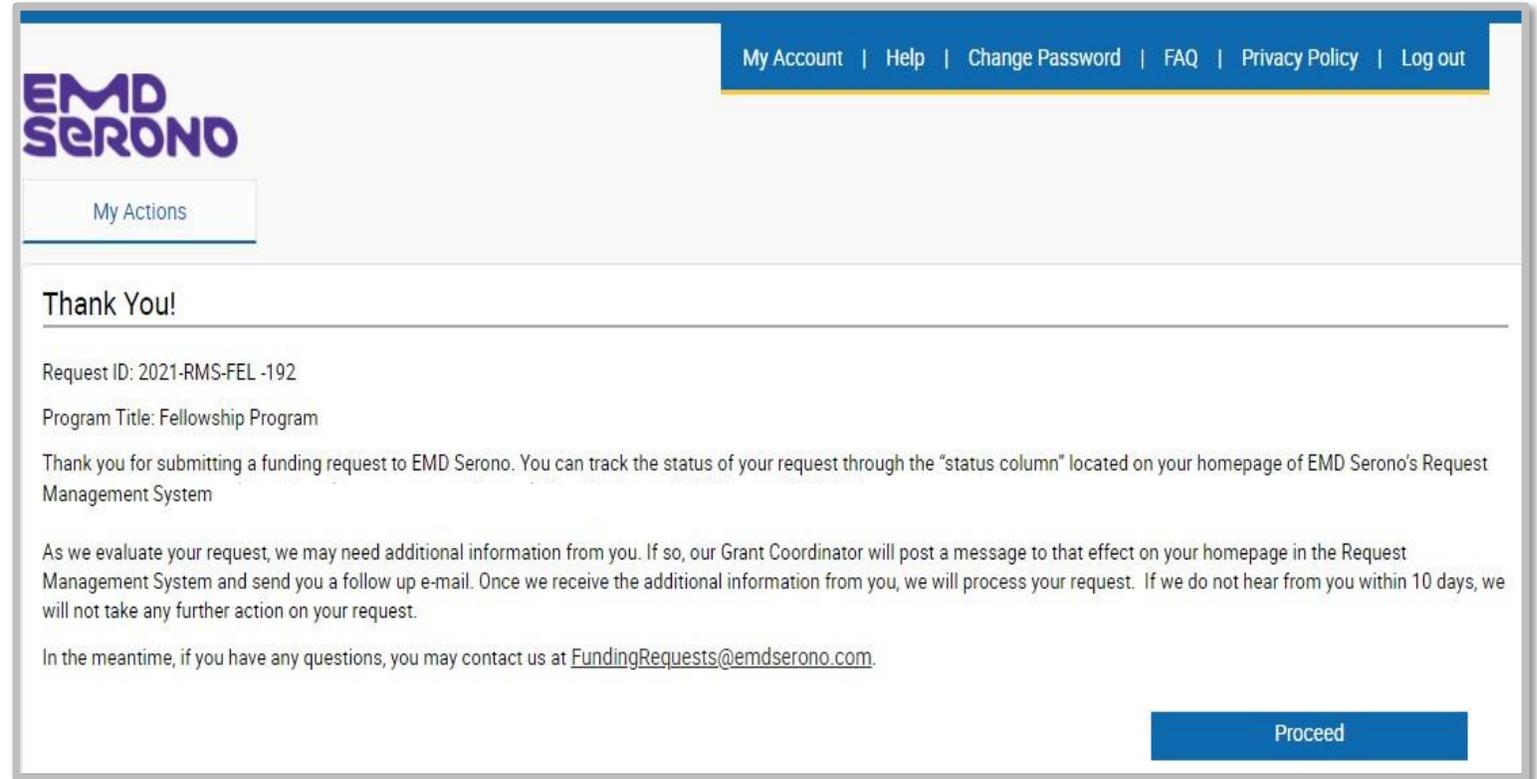
I agree to the [Compliance Commitment](#) of EMD Serono. If EMD Serono approves this request, we will make an appropriate disclosure of its support.

I represent and certify that if this fellowship program is funded, no part of the funds will be used for any billable teaching/research work.

Cancel Back Proceed

Fellowships

- After submitting your Request, you will see a “Thank You” screen which acknowledges your submission
- If you want to go to your inbox, **click** the “Proceed” button



The screenshot shows the EMD Serono website interface. At the top right, there is a navigation bar with links: My Account | Help | Change Password | FAQ | Privacy Policy | Log out. The EMD Serono logo is on the left. Below the logo is a button labeled 'My Actions'. The main content area is titled 'Thank You!' and contains the following text:

Request ID: 2021-RMS-FEL -192
Program Title: Fellowship Program

Thank you for submitting a funding request to EMD Serono. You can track the status of your request through the "status column" located on your homepage of EMD Serono's Request Management System

As we evaluate your request, we may need additional information from you. If so, our Grant Coordinator will post a message to that effect on your homepage in the Request Management System and send you a follow up e-mail. Once we receive the additional information from you, we will process your request. If we do not hear from you within 10 days, we will not take any further action on your request.

In the meantime, if you have any questions, you may contact us at FundingRequests@emdserono.com.

At the bottom right of the content area, there is a blue button labeled 'Proceed'.

Fellowships

Note about Fellowship Agreement and Method of Payment

- If your proposal is selected for funding, you will need to sign our Fellowship Agreement.
- Full payment will be made about 2 to 3 weeks later.
- To increase security and reliability, all payments are now made via electronic ACH transfers.
 - Checks are no longer used.
- If your organization has received funding from EMD Serono before, then we already have your banking information.

First-Time Funding Recipients

- If your organization has not received funding from EMD Serono before, then we will contact you to set up an ACH transfer.

After the Fellowship: HOW close out WORKS

Reconciliation

- **After a Fellowship has been completed, a reconciliation via the portal will need to be done.**
 - In the reconciliation, you indicate whether you have used all the Fellowship funding. If not, you will be asked to return any unused funds.
 - You will automatically receive an email when it is time to do a reconciliation.

If you have any questions about this ***Request for Proposals***, please contact Leigh-Ann Durant, Head of North America Medical Governance, at leigh-ann.durant@emdserono.com or (781) 492-7398.

If you have any questions about the ***EMD Serono Request Management System***, please contact Claudia White, our Request Coordinator, at fundingrequests@emdserono.com or (212) 589-3507.

