quick guide to funding requests

EMD Serono’s Funding Request Process

Nov 2023
Quick Guide

• This Quick Guide tells you about our Funding Request Process

• **Topics Covered:**
  
  • High-Level Overview of the Process
  
  • EMD Serono’s Funding Priorities
  
  • Types of Funding Requests
    
    • Funding Requirements & Funding Restrictions for each type of Request
  
  • How To’s
    
    • How to Register
    
    • How to Request Funding
    
    • How Requests are Reviewed
    
    • How Payment Works
    
    • How Close-Out Works
High-Level Overview
High-Level Overview of the Process

- **Request Submitted**
  - Request is submitted online through **Request Management System** at [https://grants.emdserono.com](https://grants.emdserono.com)

- **Review by Review Committee**
  - For most types of Requests, decisions are made within 45 days

- **Notification of Decision**
  - If approved, **written funding agreements** are required for:
    - Patient Education
    - Fellowships
    - Donations to Independent Charity Patient Assistance Programs

- **Reconciliation of Request**
  - **Funding Reconciliation** is required for all Requests with funding agreements (see above), plus Sponsorships/Exhibits
Funding Priorities
Aligning our Corporate Giving with our Corporate Values

Our Corporate Responsibility Commitment

- As responsible corporate citizens, we are committed to **addressing diversity, equity and inclusion** in our communities, medical schools, research labs, medical practices, clinical trials, classrooms and communities.
- We strongly believe we can meet our corporate vision (supporting good science) while also meeting our corporate responsibility commitments (addressing diversity and historic inequalities).

Examples of dual-purpose requests

- A fellowship program which prioritizes giving a portion of their funds to candidates from historically underrepresented racial backgrounds
- Community programs that raise awareness of diseases which disproportionately affect Black, Brown or Indigenous communities
- Patient advocacy groups who are dedicated to serving underserved patient populations (based on race, ethnicity, gender, sexual identity/preference, or socio-economic status, etc.)

We prioritize support for Requests that **advance dual purposes** - improving healthcare knowledge/advancing patient care, while **also** advancing diversity, equity and inclusion in the practice of medicine, treatment of patients, and training of healthcare providers.

**Keep this in mind when preparing your Funding Requests**
Types of Funding Requests
Types of Funding Requests

These types of Requests are handled online through our Request Management System:

1. Sponsorships, Exhibits & Displays
2. Patient Education
3. Charitable Contributions
4. Fellowships
5. Donations to Independent Charity Patient Assistance Programs

Requests for Investigator Sponsored Studies and Accredited Continuing Education (ACE) are handled online through our STARTone portal at https://startone.vibrantm.com/
Funding Requirements

• **Eligible Organizations:** Any type of organization – for-profit and non-profit – may request a sponsorship.

• **Ineligible People and Organizations:** Physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals, college alumni associations or religious organizations for sectarian religious purposes (secular programs of faith-based organizations will be considered if otherwise permissible).
Funding Requirements (cont.)

• **Purposes:** A sponsorship is a funding request related to a specific event or activity, including exhibit and display opportunities.
  
  • Under EMD Serono Policy, a sponsorship is defined as “the provision of financial support to third parties that independently organize an event or activity with a commercial, medical, scientific, philanthropic or charitable purpose, in exchange for a tangible benefit for fair market value commensurate to the funding amount.”
  
  • What is a “tangible benefit”? In exchange for its funding, EMD Serono expects to receive a material 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, which are processed through the STARTOne portal. 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.

• **Examples:** third-party conferences, meetings, programs, events, exhibit booths, and display tables such as bike-a-thons, walk-a-thons, gala-type dinners, medical society or advocacy group’s annual meetings (e.g., tier sponsorship = gold, silver, etc.).
Funding Requirements

- **Eligible Organizations:**
  - Patient advocacy groups, medical societies, and professional medical education companies are eligible to request funding for patient education activities.

- **Ineligible People and Organizations:**
  - Funding for independent patient education events and activities may not be made to individual HCPs, physician group practices, physician-owned clinics, managed care organizations, or pharmacy benefit managers.
Funding Requirements (cont.)

• **Eligible Activities/Events:** The activities must be **medical and/or scientific educational activities** directed to patients and/or their caregivers. Education must be the primary focus of the activity and any entertainment or recreation included must be modest and further the educational goals of the educational activities and must be clearly subordinate to the time for education. The activity can take the form or format of live or virtual seminars, webinar, condition-specific website for patients, etc.

• **Examples** of educational activities eligible for this type of funding are a patient seminar or webcast on a specific disease or condition, a national patient education program on MS, and a website devoted to educating patients on a disease or condition.

• Activities/events must be open to patients from a broad community, non-discriminatory, and will not be restricted to patients currently prescribed EMD Serono Products.

• Activities/events are prohibited from occurring in an office of an HCP, Physician Group, or Physician-owned clinic.
Funding Requirements

**Eligible Organizations:** Bona fide, charitable, non-profit organizations qualified under Section 501(c) of the Internal Revenue Code with dedicated causes consistent with EMD Serono’s corporate vision and corporate responsibility commitment, including but not limited to:

1. Certain charities and patient advocacy groups qualified under Section a 501(c)(3);
2. Professional medical associations or similar organizations qualified under Section 501(c)(6);
3. Civic and cultural organizations qualified under Section a 501(c)(4)

**Ineligible People and Organizations:** Physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers, individuals, college alumni associations, religious organizations for sectarian religious purposes (secular programs of faith-based organizations will be considered if otherwise permissible). or any organization that discriminates by age, race, sex, religion, sexual orientation, or disability.
Funding Requirements (cont.)

• **Eligible Purposes:** This type of funding is made for the general operation of the non-profit to support its broad charitable purpose or mission.

  • The mission can be healthcare related (e.g., donation to a hospital) or non-healthcare related (e.g., donation to a school).

  • Unlike a Sponsorship, EMD Serono expects no tangible benefit or return when it makes a charitable donation.

• **Examples:** Contribution to a charity’s Annual Fund (general operating fund), annual end-of-year campaign drive, or general fundraising drive.

• **Tips:**
  
  • *If a Request relates to a specific event or activity*, (like a Bike-a-Thon, Walk, Annual Meeting or Gala Dinner), then the proper type of Request is one for a Sponsorship, or Patient Education, not a Charitable Contribution.

  • *If a Request relates to a Patient Assistance Program*, then the proper type of Request is one for a donation to an Independent Charity Patience Assistance Program, not a Charitable Contribution.

• **Prohibited Purposes:** Charitable donations must not be used for capital campaigns or building funds, or any political or religious purpose.
Funding Requirements

• Eligible Organizations:

1. Medical societies (e.g., ASCO, AAN, ASRM, ISDA, etc.) – defined as professional organizations which typically focus on advancing their profession as a primary goal

2. Academic medical centers and clinical centers

3. Universities

4. Other Scientific Organizations

5. Health-Related Advocacy Groups (e.g., American Cancer Society, etc.) – defined as formally organized nonprofit groups that (i) concern themselves with medical conditions or potential medical conditions and (ii) have a mission and take action that seek to help people affected by those medical conditions or to help their families and caregivers

6. NIH – The U.S. National Institutes of Health and similar federal or state agencies

• Ineligible People and Organizations

• Fellowship grants may not be made to individual HCPs, physician group practices, physician-owned clinics, managed care organizations, pharmacy benefit managers or hospitals that are not academic medical centers.
Funding Requirements (cont.)

• Three Types of Fellowships Eligible for Funding

1. Traditional clinical or research fellowships - programs designed and delivered by medical societies, academic medical centers, clinical centers, universities, other scientific organizations, or NIH (or similar federal/state agencies) to foster the development of graduate and post-graduate students or fellows in medical and scientific research and/or education.
   • Funding for these fellowships may be requested year-round, subject to funding availability

2. 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.
   • Only Health-Related Advocacy Groups are eligible to apply for this type of fellowship funding
   • Funding for these fellowships may be requested year-round, subject to funding availability

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Funding Requirements (cont.)

- Three Types of Fellowships Eligible for Funding (cont.)

3. Diversity, equity and inclusion (DEI) fellowships – programs designed and delivered by medical societies, academic medical centers, clinical centers, universities, other scientific organizations, or NIH (or similar federal/state agencies) to support graduates, post-graduate 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 issues in the medical profession and/or patient populations.

- Request for Proposals (RFPs) are periodically posted on our EMD Serono grants website (www.grants.emdserono.com) to fund DEI fellowships.

- To align with traditional fellowship match/funding cycles, RFPs are typically posted in the summer or early fall for fellowships starting approximately one year later. For example, our 2023 RFP for Neurodisparity Fellowships was posted in August 2023 to fund fellowships starting in July 2024 and ending in July 2025.
Funding Requirements (cont.)

• **Location of Fellowships**
  - All fellowships must be based in the U.S.

• **Selection of Fellows**
  - Fellows must be selected by the recipient or, if designated by the recipient, the institution at which they are being trained or by another independent selection organization. EMD Serono shall not be involved in selection of fellow.
  - In addition, if NIH or another similar federal or state agency is the recipient, fellows must be intramural physicians at those agencies.

• **Prioritization of Funding**
  - Reflecting our commitment to advance *diversity, equity and inclusion* in the practice of medicine, treatment of patients, and training of healthcare providers, we give priority to Requests for fellowship programs that:
    - Support the career development, training, and retention of HCPs who are members of gender, racial and/or ethnic groups that are *historically underrepresented* in academic medicine and biotech research, or
    - Support patient advocacy training relating in whole or part to serving *underserved patient populations* (based on race, ethnicity, gender, sexual identity/preference, or socio-economic status).
Funding Restrictions (cont.)

Use of Fellowships Funds – applicable to all types of fellowships

• In general, fellowship funds may be used for salaries and direct expenses related to the fellowship

• **Salaries:** Fellowship funds may be used to pay for salaries and fringe benefits of fellows
  
  • Funds may not be used to pay for salaries, in part or in total, for any personnel who do not perform Fellowship-related work.
  
  • If the Fellowship includes both billable services and non-billable services or activities (such as research or teaching), funding will be made conditional on funding only the **non-billable services and activities**. Funds shall never be used to pay for salary for the performance of billable services.

• **For DEI Fellowships:** In addition to paying salaries of fellows, fellowship funds may be used to pay salaries of fellowship directors (e.g., dedicated fellowship mentor) and HCPs for their work directly within the scope of the fellowship.

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Funding Restrictions (cont.)

Use of Fellowships Funds – applicable to all types of fellowships

• **Direct Expenses:** Fellowship funds maybe used to pay for direct expenses related to the particular scope of work or activities for the fellowship. The types of direct expenses will vary between the various types of fellowships.

• Direct expenses must relate to the specific purposes and activities described in the fellowship request

• Examples of some permissible direct expenses are lab expenses, institutional overhead, costs of travel, lodging, and registration for fellows to attend and/or present the outcomes from their fellowship at major educational, scientific, or policymaking meetings of national, regional or specialty medical associations.

• Fellowship funds may **not** be used to subsidize routine business expenses of an organization.

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Per our long-standing “As One for Patients” initiative, EMD Serono supports patients who cannot afford their medicines and treatment through donations to independent charitable organizations who operate qualifying patient assistance programs. EMD Serono does not influence or control the eligibility criteria or any operational aspects of these programs or the organizations. EMD Serono will not receive any information about specific participants or selection determinations made by the organization.

**Funding Requirements**

- **Eligible Organizations:** An organization must be a bona fide Internal Revenue Code (“Code”) Section 501(c)(3) non-profit organization which has its principal place of business in the United States.
  - The organization must be properly structured and appropriately autonomous (i.e., independent) and not affiliated in any way with EMD Serono.
  - The administration and operation of the organization and its program must be at the sole discretion of the organization’s Board of Directors.
  - The organization must not be: (1) a private foundation as described in Section 509(a) of the Internal Revenue Code, or (2) a donor-advised fund sponsoring organization as described in Section 4966(d)(1) of the Code.
Funding Requirements (cont.)

- **OIG Opinion:** The organization must have a current, favorable Office of Inspector General (OIG) opinion that supports the organization’s program and must operate its program in accordance with that OIG opinion.

- **Board of Directors:** The organization must be governed by an independent Board of Directors with individuals who are not affiliated with any other organization that donates funds to the organization or that may receive funds from the organization indirectly through patient payments for items or services.
  
  - The organization must disclose in its funding request the identify of all persons serving on its Board of Directors.

  - No individual affiliated with EMD Serono may serve on the Board of Directors.

- **The Program:** The program must provide support to financially qualified individuals who meet objective eligibility criteria, to help those individuals with their out-of-pocket medical expenses, including copayments, coinsurance, deductibles, health insurance premiums, and other medical needs to incidental medical expenses, such as travel.
Funding Restrictions

- **Properly Defined Disease Fund:** The disease fund established by the organization must also be appropriately defined and not so limited that, if EMD Serono donates to it, it effectively results in EMD Serono subsidizing its own products.
  - EMD Serono will not provide funding to any disease fund that covers only a single product, covers only EMD Serono’s products, covers only high-cost or specialty drugs, or excludes generic or biosimilar products.

- **Program Operations:** The program must be operated in accordance with all applicable rules, regulations, and laws, and within the guidelines of opinions issued by the OIG, including OIG’s 2005 “Special Advisory Bulletin” relating to “Patient Assistance Programs for Medicare Part D Enrollees” (“Special Advisory Bulletin”), OIG’s 2014 “Supplemental Special Advisory Bulletin” regarding “Independent Charity Patient Assistance Programs” (“Supplemental Bulletin”), and any and all OIG guidelines regarding independent charitable patient assistance programs, as well as the Advisory Opinion, identified on page 1, issued by OIG to the organization.
Eligibility Requirements

• **Eligible Organizations:** The only type of organization eligible to request this type of funding is an *accredited CME provider*.

• **Eligible Activities:** The only type of activity eligible for this type of funding is *accredited* continuing education for healthcare providers. The activity can take the form of live or virtual CME seminars, satellite symposia, etc.

Requests for Accredited Continuing Education (ACE) are handled online through our **STARTone** portal at [https://startone.vibrantm.com/](https://startone.vibrantm.com/)
How to Register for our Request Management System
New Users

For ALL types of Requests EXCEPT Accredited Medical Education (see slide 38 for Med Ed)

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.
New Users

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

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

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

- **Click** “Check Availability” to make sure the email isn’t 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.
Step 10 – Read our Compliance Commitment

- Click the “I Agree” button and then click the “Complete Registration” button.
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”
New Users

For Accredited Medical Education ONLY

To register as a new user:
Step 1 – go to our website at www.grants.emdserono.com and click the first “Click Here” button on the left-hand side of the screen.

This brings you to the Medical Education portal. Follow the on-screen prompts.
Forgot Your Password?

**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.

At the next screen, click “Forgot your password?” link
How to Request Funding
Funding Requests

Online Submission

• All funding requests must be submitted online through EMD Serono’s Request Management System at https://grants.emdserono.com
• You must register before you can submit a Request
• No Request should be sent via email

Timing

• All types of Requests should be submitted at least 45 days in advance

Selecting the Correct Type of Request

• Organizations often use different funding terms - such as “grant,” “donation,” “sponsorship,” “charitable contribution” - interchangeably, without distinguishing between them.
• However, in our Request Management System, we use standardized definitions for each Request type and different requirements and restrictions apply to them.
• Before you submit a Request, please review our definitions, requirements and restrictions for the type of Request you’re applying for and make sure you apply for the correct one. If you apply for the wrong type of Request, your Request will be denied.
Funding Requests

How to Submit a Request for Each Type of Funding

• After logging in to the system, Click on “Submit New Request”

• The following slides walk you through how to apply for each type of funding Request.

• Each type has slightly different fields in the application process.

Confirmation Email

• Once your Request is submitted, you will receive a confirmation email.
Funding Requests

- **Click** on the blue button for the type of funding request you want to make

- For example, Sponsorship, Patient Education, Charitable Contributions, etc.
Funding Requests

- Read the “Request Completion Instructions” (they are slightly different for each type of Request)
- Then click the “Proceed” button
- You will then be brought to the “application” page for the type of Request you chose.
You may amend your Request before it is approved

• You may amend your Request at any time before it is approved. The request will need to be returned to you to allow you to make changes.

• In order to do that, contact the EMD Request Coordinator at
  
• Email: fundingrequests@emdserono.com

• Phone: 212-589-3507
Sponsorship Requests
Sponsorships

How to Submit a Request

- Once you have logged in, click on “Submit New Request” button.
How to Submit a Request

• On the “Request Type Selection” page, **click** on “Sponsorships, Exhibits & Displays”
• Read the “Request Completion Instructions”

• Then click the “Proceed” button

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**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 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 event may be the same day if it only takes place on one day.
- Benefit start and end dates may be the same as the event start and stop dates.
- You will be asked to provide information regarding your target audience and number of attendees anticipated.

**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 the Sponsorship request system.

**Records and Audit Rights for Sponsorships**

All recipients of sponsorships must maintain all records relating to the sponsorship for a period of two years after the end date of the activity. Upon EMD Serono’s request, the recipients must also allow EMD Serono auditors access to all records, including expense records, related to the sponsorship at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. An EMD Serono representative will contact you if EMD Serono requests an audit.
• Complete the “General Information” tab

• **Tip:**
  • For the “If Yes, please upload documentation describing the sponsorship tiers” field, upload your event brochure or a pdf of your website where exhibit and display opportunities are described

• **Click** “Save and Proceed to Next Step”
• Complete the “Sponsorship Benefit” tab

[Image of Sponsorship Benefit tab]

- Sponsorship Benefit
- Benefit Start Date: 31 Dec 2021
- Benefit End Date: 31 Dec 2021
- Target Geographic Reach: Local
- Venue Name: Text
- Venue Country: United States
- State: New York
- Venue City: New York
- Postal Code: 11218
- Audience Group: Physicians
- Anticipated Reach/Attendees: 122
• Complete the “Document Uploads” tab

• **Tip:** For the “Brochure/Prospectus of Event” field, you may upload the same event brochure or a pdf of your website as on the prior tab. Or you may upload an additional document which describes the sponsorship benefits.

• **Click** “Save and Proceed to Next Step”
• Complete the “Authorized Signer/Payee” tab

• **Tip:** If someone other than you will be signing the Agreement for funding, **click the “no” button** and enter that person’s information

• **Note:** All payments are made by ACH transfers. If your request is approved, you will be contacted for your bank information
• Review the entire request before you submit it

• If you need to revise a section, **click** on the “pencil” icon in the blue bar above the section
• 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.
charitable contribution requests
How to Submit a Request

• Once you have logged in, click on “Submit New Request” button.
How to Submit a Request

- On the “Request Type Selection” page, **click** on “Charitable Contributions”
Read the "Request Completion Instructions"

Then click the "Proceed" button

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.

Throughout the system you will find What's This icons and Help and Contact links are posted at the top of each page to assist you with completing your request.

General Information

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

- You will be asked to provide a summary of the purpose of your request.

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 the EMD Serono Request Management System.

Records and Audit Rights for Charitable Contributions

All recipients of charitable contributions must maintain all records relating to the contribution for a period of two years after the end date of the activity. Upon EMD Serono request, the recipients must also allow EMD Serono auditors access to all records, including expense records, related to the contribution at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. An EMD Serono representative will contact you if EMD Serono requests an audit.
• Complete the “Overview” tab

• **Tip:**
  
  • For “Name of Request” -- **Do not** type in a project name, program name, activity, or any description on how the funds will be used. Charitable contributions are not tied to any project, program, activity, event, etc. They are for general operating purposes.

  • For the “Geographic Focus of Request” field, provide information about the geographic reach of your organization (local, regional, etc.)

  • **Click** “Save and Proceed to Next Step”
- Complete the “Authorized Signer/Payee” tab
- **Tip**: If someone other than you will be signing the Agreement for funding, click the “no” button and enter that person’s information
- **Note**: All payments are made by ACH transfers. If your request is approved, you will be contacted for your bank information
• Review the entire request before you submit it

• If you need to revise a section, **click** on the “pencil” icon in the blue bar above the section

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**Charitable Contributions**

Request ID: 2021-RMS-CHR-112225

- **Area of Focus:** Corporate Communications (CHR)
- **Geographic Focus of Organization:** National
- **Organization’s Mission Statement:**
  We are committed to making an immediate impact on increasing quality of life and survivorship of all people diagnosed with lung cancer by accelerating research into early detection and more effective treatments, as well as providing community, support, and education for all those affected by the disease.

- **Currency:** USD
- **Organizations Annual Operating Budget:** 50,000.00
- **Name of Request:** Video Series for Caregivers
- **This charitable donation should be used for the general operation of your organization:** Yes
- **Geographic Focus of Request:** National
- **Requested Amount:** 20,000.00

**Annual Operating Report**

- **Is the current Tax Documentation in your profile up to date?:** Yes
- **Is the current IRS letter of determination in your profile up to date?:** Yes
- **Have you previously received funding from EMD Serono?:** No

**Authorized Signer and Payee**

- **Is the Authorized Signer listed below correct?:** Yes
• 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
Patient Education Requests
How to Submit a Request

• Once you have logged in, click on “Submit New Request” button
How to Submit a Request

• On the “Request Type Selection” page, **click** on “Patient Education”
• Read the “Request Completion Instructions”
• Then click the “Proceed” button
• Complete the “General Information” tab
• **Click** “Save and Proceed to Next Step”
• Complete the “Request Information” tab

• **Tips:**
  
  • After typing in the Learning Objective, **click** the circle under the “Action” column on the far right
  
  • To add additional objectives, **click** “Add Objective”

• When done, **click** “Save and Proceed to Next Step”
Patient Education

- Complete the “Delivery Format” tab
• Complete the “Budget” tab

• **Tips:**
  • There are separate tabs for:
    • Account & Activity Management
    • Content Development
    • Faculty & Staff Travel
    • Honoraria
    • Meals
    • Meeting Logistics
    • Outcomes
    • Production and Shipping
  • None of the tabs are mandatory, so only fill out the applicable ones; leave the rest blank
  • Amounts will be added up automatically
• Complete the “Document Uploads” tab

[Image of a document upload interface]

**General Information**

- Is the current Tax Documentation in your profile up to date? [Yes/No]

**Request Information**

- Is the current IRS letter of determination in your profile up to date? [Yes/No]

**Delivery Format**

**Budget**

**Document Uploads**

- [Add Document]

**Authorized Signer/Payee**

[Options to browse for:]

- Formal Letter of Request
- Detailed Information About the Program or Activity to be Funded, including an Agenda
- Annual Report or Annual Impact Statement

[Save and Back/Save and Continue Later/Save and Proceed to Next Step/Cancel]
• Complete the “Authorized Signer/Payee” tab

• **Tip:** If someone other than you will be signing the Agreement for funding, **click** the “no” button and enter that person’s information

• **Note:** All payments are made by ACH transfers. If your request is approved, you will be contacted for your bank information
• Review the entire request before you submit it

• If you need to revise a section, **click** on the “pencil” icon in the blue bar above the section
• 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
fellowship requests
How to Submit a Request

• On the “Request Type Selection” page, **click** on “Fellowships”
• Read the “Request Completion Instructions”
• Then click the “Proceed” button
• Complete the “General Information” tab.

• **Tips:**
  - For the **Program/Activity Description** field, you may enter a few sentences which provide a brief overview of the fellowship and then attach a document (uploaded further in the process) which provides detailed information on the fellowship.
  - When doing this, type “See attached document for detailed information” after the brief overview.
  - **Click** “Save and Proceed to Next Step”
• Complete the “Request Information” tab. Fill out fields as indicated below:
  
  • **Needs Assessment Summary**: Tell us about the “need” your fellowship will address.
  
  • **Tips**:
    
    • If the need is fully described in a document that you intend to upload (further in the process) you may type: “See attached document for detailed information.”
  
  • **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”
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.)
  - Select “salary” from the “Budget Item” drop-down menu, enter the amount, # of people and requested amount (e.g., $110,000)
  - To add your second budget item, click “Add Row”. Add as many rows as you need to account for your full budget.
  - When done, the “Detailed Budget” column will be filled out and the “Difference” column will show zeros.
  - **Click** “Save and Proceed to Next Step”
Fellowships

- Complete the “Document Uploads” tab by clicking on the “Browse” button
- **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**: This where you may upload a document with detailed information on the fellowship (e.g., thorough details, needs assessment, etc.)

- **Optional: Annual Report**: If your fellowship is discussed in your organization’s Annual Report, Annual Impact Statement, or similar document, that document may be uploaded here.

- After uploading documents, **click** the “Add Document” box.

- **Click** “Save and Proceed to Next Step”
Fellowships

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

**Note:** All payments are made by ACH transfers. If your request is approved, we will contact you for your bank information.
Fellowships

- On the “Review Request” page, review all the information to make sure it is correct.

- If you need to revise any information, click on the “pencil” icon in the blue bar on the far right-hand side.

- At the bottom of the page, you must read and agree to our Compliance Commitment by ticking the box and then click “Proceed”.

- This submits your Proposal.
• 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
Donations to Independent Charity Patient Assistance Programs (PAP)
How to Submit a Request

• Once you have logged in, **click** on “Submit New Request” button
How to Submit a Request

• On the “Request Type Selection” page, click on “Independent Charity PAPs”
Donations to Independent Charity Patient Assistance Programs

- Read the “Request Completion Instructions”
- **Click** “Proceed”
Donations to Independent Charity
Patient Assistance Programs

• Fill out the Request Details
• **Click** “Save and Proceed to Next Step”
Complete the “Authorized Signer/Payee” tab

**Tip:** If someone other than you will be signing the Agreement for funding, **click** the “no” button and enter that person’s information

**Note:** All payments are made by ACH transfers. If your request is approved, you will be contacted for your bank information

**Click** “Save and Proceed to Next Step”
Donations to Independent Charity Patient Assistance Programs

• Review the entire request before you submit it

• If you need to revise a section, **click** on the “pencil” icon in the blue bar above the section
• 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
How requests are reviewed
Review Process

Initial Review

• All Requests are reviewed by our Request Coordinator to confirm they are complete.

• If your Request is incomplete, our Request Coordinator will contact you with a “Request for Additional Information.”

  • Some common mistakes are:
    • Including impermissible budget line items, for example including honoraria or travel expenses when they are not permitted for the particular type of funding request
    • Program details are incomplete
    • Missing documents – e.g., not uploading your IRS Determination letter, event brochure, etc. (varies according to request type)

Committee Review

• When your Request is complete, it will be evaluated by our Review Committee.

• Requests are evaluated on a rolling basis, according to the requirements and restrictions for each type of Request.

• The Committee prioritizes support for Requests that advance dual purposes - improving healthcare knowledge/ advancing patient care, while also advancing diversity, equity and inclusion in the practice of medicine, treatment of patients, and training of healthcare providers.

• You will be notified of the Committee’s decision. All decisions are final and there is no appeal process.
How Payment Works
You will receive an email letting you know your funding agreement is ready to review and sign.

Funding Agreements (called a “Letter of Agreement”) are required for these three types of Requests:

• Patient Education
• Fellowships
• Donations to Independent Charity Patient Assistant Programs

• A budget reconciliation is required for these three types of Requests, plus for Sponsorships/Exhibits
How do I view and sign my Letter of Agreement?

• Navigate to your Inbox

• To sign the Letter of Agreement, **click** on “Please Submit Letter of Agreement”
How do I view and sign the Letter of Agreement?

- Read the Letter of Agreement
- To accept it, **Click “Approve”**. Your electronic signature will be placed on the bottom of the Agreement.
- If you do not agree to the Agreement, or would like to request a change, please contact our Request Coordinator, at fundingrequests@emdserono.com, or at (212) 589-3507. Please know that most terms are non-negotiable.
How do I view and print the signed the Letter of Agreement?

- Navigate to your Inbox
- To read the Agreement, **click** on “View/Print Agreement”
- You can print a copy of the Agreement, if you want but this is not necessary. The Agreement will always be accessible to you via the system.
Method for Payment

• To increase security and reliability, all payments are 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.

• Payment will be made via an ACH transfer within 2 to 3 weeks of signing the Letter of Agreement.

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.
Amending your request
How do I amend my Request before it is approved?

- You may amend your Request at any time before it is approved. The request will need to be returned to you to allow you to make any changes.
- In order to do that, contact the EMD Request Coordinator at
  - Email: fundingrequests@emdserono.com
  - Phone: 212-589-3507
Proposing an amendment after your Request has been approved

- After your Request has been approved, you may propose an amendment to the scope, date, budget, audience, etc., but it will be subject to EMD Serono’s discretion to approve it.

- To amend your request after it is approved, navigate to your Inbox.

- **Click** on Program Title. This will take you to the request page.

- At the bottom of the page **Click** on “Create Amendment”.

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**Amendments**

<table>
<thead>
<tr>
<th>Request ID</th>
<th>Status</th>
<th>Amendment</th>
<th>Program Title</th>
<th>Start Date</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021-RMS-PAT-106738</td>
<td>Pending Payment</td>
<td>Test LOA</td>
<td>01 Jan 2022</td>
<td>[View/Print Agreement]</td>
<td></td>
</tr>
<tr>
<td>2021-RMS-MED-106736</td>
<td>Draft</td>
<td>Test Med Ed Program Objectives</td>
<td>Please Complete Request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021-RMS-MED-106734</td>
<td>Draft</td>
<td>Test Patient Ed Program Type</td>
<td>Please Complete Request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021-RMS-PAT-106732</td>
<td>Draft</td>
<td></td>
<td>Please Complete Request</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Proposing an amendment after your Request has been approved

- You may amend the following parts of your Request:
  - Learning Objectives
  - Outcomes
  - Delivery Format (including dates)
  - Document Upload (updated agenda)
  - Requested Amount and budget

- In the field “Change of Scope Amendment” field, provide a reason for requesting the change

  - **Click** the check box next to the acknowledgment statement

  - **Click** “Continue”.
Proposing an amendment after your Request has been approved

- As you proceed through each tab, only those fields that can be amended are highlighted in blue and open for editing
  - Learning Objectives
  - Outcomes
  - Delivery Format (including dates, location information and audience)
  - Document Upload (updated agenda)
  - Requested Amount and budget
Proposing an amendment after your Request has been approved

- After completing your amendment, double check it for accuracy

- **Note:** Your Request ID now has an extension of “01” indicating an amendment has been requested. If you request additional amendment, they will be sequentially numbered.
Proposing an amendment after your Request has been approved

- At the bottom of the Request Review page, **click** the check box to accept the Compliance Commitment
- **Click** “Proceed” to submit the Amendment Request
Proposing an amendment after your Request has been approved

- You will receive a Thank You! advising you the Amendment has been submitted.
- If there are follow-up questions, the Request Coordinator will contact you.
Proposing an amendment after your Request has been approved

• You can now see the status of your Amendment, “Under Review” in your Inbox

• You will be contacted through the system once we have made a decision on the amendment
How close out works
• **Reconciliation**

- Four types of Requests require a reconciliation:
  - Patient Education
  - Fellowships
  - Donations to Independent Charity Patient Assistant Programs
  - Sponsorships/Exhibits

- You must reconcile (1) the number of attendee and (2) use of your funds
How do I reconcile my Request?

- Navigate to your Inbox.
- **Click** “Please Reconcile Budget and Attendance”
Reconciliation

How do I reconcile my Request?

- **Click** on the pencil icon
- This will open the “Delivery Format” section of the Request
How do I reconcile my Request?

• **Step 1** – For each “Delivery Format,” you must fill in the actual number of attendees/learners.
  • The “Total # of Learners” field will be blank and that’s where you put the number of attendees/learners.
  • **Click** “Save Activity”
  • When complete **Click** “Save and Proceed to Next Step”
  • **Tip**: If you had more than one Delivery Format, you will need to submit information on each one.
  • **Tip**: You can add additional audiences by **Clicking** “Add Audience Group”
How do I reconcile my Request?

- **Step 2** – For each tab in the budget, put the actual cost for each line-item.

- **Tip**: If there are no changes to the original budget, click “Save and Proceed to Next Step” and original budget will be reconciled.
How do I reconcile my Request?

- **Step 3** – At “Reconciliation Details” screen, **Click** “Yes” to certify the reconciliation.
- For the field “Actual Revenue Generated”, fill in the amount of revenue generated from registration (if any). If none, enter zero.
- If you didn’t use all the funds, a refund is required. The system will automatically calculate it.

- **OPTIONAL FIELD** (only needed for Sponsorships): For the field “Sample of EMD Serono Logo Utilization”, upload a copy of a brochure, sign, booth, etc. with our logo on it. This is to substantiate the benefit we received (for audit purposes).

- **Click** “Submit” when reconciliation is complete.
EMD Serono’s Request Coordinator

Email: fundingrequests@emdserono.com

Phone: 212-589-3507