Olympus Grants Application Guide

How to Submit a Grant Request in the Olympus Grants Request Management System

Olympus Corporation of the Americas

Olympus Grants Team- Americas

February 2022

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Welcome to the Olympus Grants Request Management System

- The Olympus Grants Request Management System accepts grant applications for eligible healthcare and microscopy events taking place in the Americas and/or events coordinated by organizations based in the Americas.

- In order to access our system, you must create a user account. Only registered users can submit grant requests. Download the Olympus Grants Registration Guide for instructions.

- In January 2018, the Olympus Grants Request Management System was upgraded to accept grant applications from Latin America. In order to submit requests, users of our previous Latin American grants portal must create a new user account in our upgraded system. (We were unable to transfer data from our previous portal.) Please refer to the Olympus Grants Registration Guide for details.

- Before submitting a request, review our program website for detailed information about the types of support we offer, additional eligibility requirements and an overview of the application process.

- **Applications must be submitted at least 60 *calendar* days before your event start date.**

- **Olympus sales and marketing personnel are not permitted to participate in the grants process** and will not have any information regarding the status of your request. Please direct all grant inquiries to the Olympus Grants Team- Americas. Thank you.

Olympus Grants Team- Americas
484-896-3939 | grants-americas@olympus.com

System Functionality Notes
- Use Internet Explorer or Google Chrome to access our site
- In order to view important on-screen messages, pop-up windows must be enabled. To learn how to turn off your pop-up blocker, click your browser's name: Internet Explorer 11 | Google Chrome | Safari (iOS)
- To avoid losing your work, do not use your browser's "Back" button. Use the **Back and Proceed arrow buttons** at the bottom of each page to move within the application.

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Getting Started

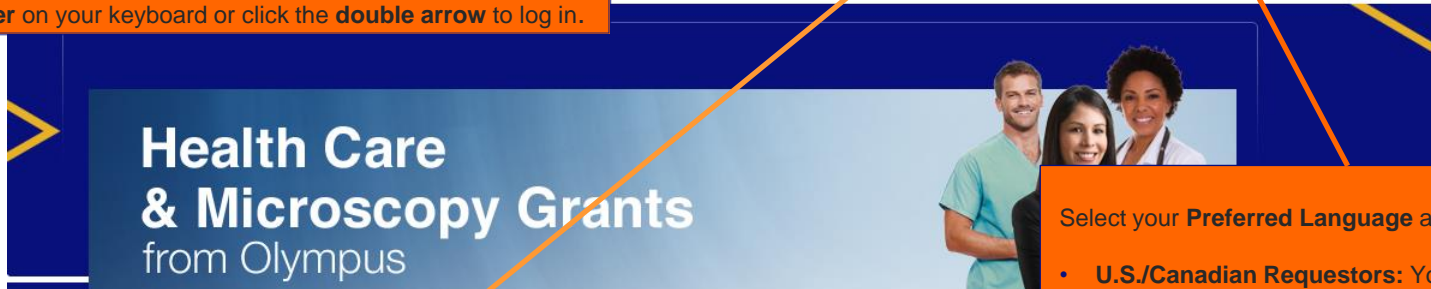**Step 1:** Select your Preferred Language and log in with your Email address and Password.

Help | FAQ | Privacy Policy | Preferred Language English ▼

Email Address   Password   >>

Forgot your password?   Register

Enter your **Email Address** and **Password** here. Press **Enter** on your keyboard or click the **double arrow** to log in.

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Your Vision, Our Future

Health Care & Microscopy Grants
from Olympus

*TIP - Click here to request a password-reset email. **If you don't receive the email within 15 minutes, call Olympus Grants Team- Americas at 484-896-3939.***

Select your **Preferred Language** as follows:

• **U.S./Canadian Requestors:** You must select **English**. Requests submitted in other languages will not be accepted.

• **Latin American Requestors:** You may select **English, Spanish** or **Portuguese.**

Grants Request Management System - Olympus Corporation of the Am

This site accepts grant applications for eligible healthcare and microscopy events taking place in the Americas and by organizations based in the Americas. Olympus considers requests for **financial** support from across the Americas, as well as **product/equipment** support for events taking place in the United States, Puerto Rico, Canada, Mexico and Brazil only.

Before you submit your request, please review our **program website** for detailed information about the types of support we offer, additional eligibility requirements and an overview of our application process. Supported browsers are Internet Explorer and Google Chrome. Pop-up windows must be enabled in order to use our site.

DEADLINE: Applications must be submitted at least *60 calendar days* before the event start date

Registered Users: Enter your **Email Address** and **Password**, then click **>>** to access your account

New Users: Click **Register** and follow the on-screen instructions. Only registered users can submit grant requests

*TIP - Scroll down for **Contact Us** and **Terms of Use** links*

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Step 2: Click **My Account** to review and update (if needed) your **Registration** information. If you are a user who applies on behalf of different organizations, make sure you are logged in with the correct affiliation.

TIP – *To update your password, click* **Change Password.** *Passwords must be between 8 and 12 characters long.* **Do not exceed 12 characters.**

START HERE – Each time you begin a new grant request, click on **My Account** to review and update (if needed) the information you provided during **Registration**. Typos and errors must be corrected and organization updates made via **My Account** prior to starting a new application.

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

CAUTION: If you are a user with multiple accounts, make sure you are logged in and applying on behalf of the correct organization. **Applications cannot be transferred among organizations**

My Actions

Welcome, Olympus Test Account Production

Getting Started

- **To create a new grant request,** click the **Submit New Request** button below.

- **To check the status of a saved or submitted request,** review the **Status** column in the list of requests below. Next steps required by you will appear as links in the **Action Required** column.

- **To return to this page from anywhere in the system,** click **My Actions** above.

Important Reminders

- **DEADLINE: Applications must be submitted at least 60 *calendar* days before the event start date**

- Submission of a request does not indicate that Olympus has agreed to provide support. Support decisions are made only after the Olympus Corporation of the Americas (OCA) Grants Committee has reviewed your complete request. Committee determinations are communicated via email (to grant requestors or authorized signers, as applicable), and all decisions are final.

- All Olympus sales and marketing personnel are trained to remain separate and apart from matters relating to grant requests, with the exception of limited circumstances when they might be asked by Olympus to solicit input regarding an equipment-related request. Thank you, in advance, for respecting the integrity of our process.

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Step 3: Click "Submit New Request" to begin a new grant application.

Screen shot continued from previous page…

*TIP – You may return to this Welcome page at any time by clicking on the **My Actions** link, found at the top of every page.*

Helpful Tools

- **Grants Program Website - Olympus Corporation of the Americas**
- **Application Screenshot Guide | Application Checklists**
- **Product Support Forms** (required for product/equipment requests)
- **Reconciliation Screenshot Guide**

*TIP – If this is your first time creating a grant request, the area below the **Submit New Request** button will be blank. Only those users who have drafted and/or submitted requests previously will see their applications listed below.*

Click **Submit New Request** to begin an application

Submit New Request

Medical Education

Request ID	Request Type	Status	Program Title	Start Date	Submitted Date	Action required	View/Print Agreement
MED-1926	Medical Education	Not Submitted				Please Complete Request	
MED-1830	Medical Education	Not Submitted				Please Complete Request	
MED-GAS-1828	Medical Education	GC Review	test LAD grant - please disregard	01 Sep 2018	10 Jan 2018		
MED-1798	Medical Education	Not Submitted				Please Complete Request	
MED-GYN-1554	Medical Education	Not Submitted	Test - Please Ignore	01 Jun 2018		Please Complete Request	
MED-ENT-1426	Medical Education	Not Submitted	Test Grant - Please disregard	01 Aug 2018		Please Complete Request	
MED-1198	Medical Education	Not Submitted				Please Complete Request	
MED-1086	Medical Education	Not Submitted				Please Complete Request	
MED-CRS-1062	Medical Education	Not Submitted	Please disregard - Test Grant by SSC	05 Apr 2018		Please Complete Request	
MED-OTH-692	Medical Education	Review Reconciliation	TEST GRANT ONLY	06 Jan 2017	06 Jan 2017		View/Print Agreement

|◄ ◄ 1 2 ► ►| Page size: 10 ▼   11 items in 2 pages

*TIPS FOR RETURNING USERS – Grant requests that require action by you will be marked with a blue **Action Required** link indicating the next step. (For example, a partially completed—but not yet submitted—request will have the link **Please Complete Request**.) Click on the link to complete the required task.*

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Step 4: Select the type of program or event for which you are seeking grant support and click the appropriate button.

Review the **Overview - Eligibility Requirements** as well as the support type descriptions to determine which request type is right for you.

Submit New Request

Overview - Eligibility Requirements

- All grant requests must be for programs and events coordinated by **independent third parties**.
- Requests must be related to the **disease states, conditions and/or treatments for which Olympus products are used**.
- Product support may include **short-term capital equipment loans** and/or **donation of disposable items**.
- At this time, product support is only available for events held in the **United States, Puerto Rico, Canada, Mexico and Brazil**.
- This is only an **overview**. For complete eligibility requirements and program details, review our **program website** prior to starti

Select the type of program or event for which you are seeking grant support:

TIP – If you are seeking support for a Microscopy education event, please select Medical Education.

Medical Education

Includes: Live educational conferences or workshops for healthcare professionals or microscopists, web-based educational programs and patient education programs, all of which must be open and advertised to participants from *multiple institutions*; also includes *clinical* fellowships for healthcare professionals coordinated by *medical societies*

TIP - Before you click the Donations button, review the restrictions to ensure that you are eligible to apply.

Advocacy

Includes: No-cost patient care, procedures and screening programs that are free to qualified patients and advertised to the community-at-large, not limited to patients of a single facility.

Donations

Restrictions apply. Currently, Olympus only considers donation requests from the following groups:

— **IMEC** or **Americares**, our philanthropic partners, in support of mission trips and philanthropic patient care in the Americas. If you are seeking this type of support, please contact these organizations directly.

— **Medical or microscopy societies** in support of their training and educational purposes or facilities operated exclusively by them in the Americas. Requests for financial (capital campaign) and permanent equipment donations will be considered for the purposes described above only.

TIP – Sponsorship Requests are not accepted through this system. Please email all requests to exhibitopportunities@olympus.com.

Sponsorship Request

Button disabled. Requests for sponsorships are considered separately from grants. Please forward all information about exhibits, booths and other promotional opportunities to **exhibitopportunities@olympus.com.** Requests for sponsorships and grants may be pursued at the same time. Please do not include any information about promotional opportunities in your grant application.

Charitable contribution requests from individual health care professionals, microscopists, hospitals, medical schools, or similar entities to support fundraising activities such as galas, golf outings and capital campaigns are **not eligible** for support and will not be considered by the OCA Grants Committee.

Creating a Medical Education or Microscopy Request

Step 1: To create a Medical or Microscopy Education request, click the Medical Education button.

Submit New Request

Overview - Eligibility Requirements

- All grant requests must be for programs and events coordinated by **independent third parties**.
- Requests must be related to the **disease states, conditions and/or treatments for which Olympus products are used**.
- Product support may include **short-term capital equipment loans** and/or **donation of disposable items**.
- At this time, product support is only available for events held in the **United States, Puerto Rico, Canada, Mexico and Brazil**.
- This is only an **overview**. For complete eligibility requirements and program details, review our **program website** prior to starti

Select the type of program or event for which you are seeking grant support:

Medical Education

Includes: Live educational conferences or workshops for healthcare professionals or microscopists, web-based educational programs and patient education programs, all of which must be open and advertised to participants from *multiple institutions*; also includes *clinical* fellowships for healthcare professionals coordinated by *medical societies*

Advocacy

Includes: No-cost patient care, procedures and screening programs that are free to qualified patients and advertised to the community-at-large, not limited to patients of a single facility.
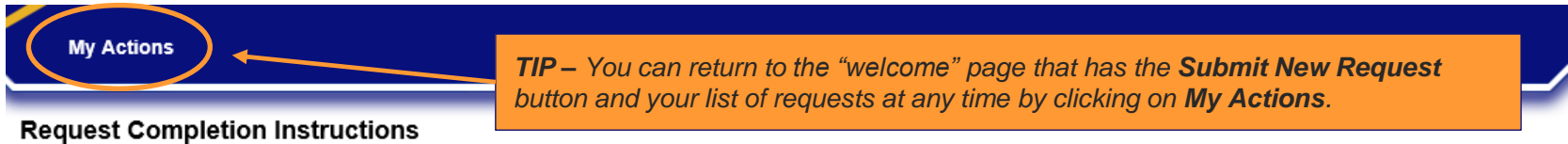
Donations

Restrictions apply. Currently, Olympus only considers donation requests from the following groups:

— **IMEC** or **Americares**, our philanthropic partners, in support of mission trips and philanthropic patient care in the Americas. If you are seeking this type of support, please contact these organizations directly.

— **Medical or microscopy societies** in support of their training and educational purposes or facilities operated exclusively by them in the Americas. Requests for financial (capital campaign) and permanent

TIP – Before you begin your application, confirm that your event is **eligible** for Olympus support. Review eligibility guidelines here and on the **Olympus Grants Program Website**.

IMPORTANT - Grant applications must be submitted at least **60 calendar days** before the event start date.

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Step 2: Review the on-screen "Medical or Microscopy Education Request" instructions. When finished, click **Proceed.**

My Actions

*TIP – You can return to the "welcome" page that has the **Submit New Request** button and your list of requests at any time by clicking on **My Actions**.*

Request Completion Instructions

Medical or Microscopy Education Request

Before You Begin

✓ Have you reviewed the **Olympus Grants program website** for complete eligibility requirements and program guidelines?

✓ Have you downloaded a copy of our **Application Guide**, which contains step-by-step instructions and screen shots?

✓ Did you review the **Grants Checklist** to make sure you have all the required data and documents to complete your application?

✓ Are you using **Internet Explorer** or **Google Chrome**? Have you **enabled pop-up windows**?

Important Reminders

- **The OCA Grants Committee will only consider one (1) request per educational program.** Please coordinate with your colleagues to ensure that you are submitting one application for your overall event. *Example*: An annual meeting with multiple program tracks for different participant types (e.g., a pre-meeting training for fellows, post-meeting didactic lectures for nurses, and the annual meeting in between) should be submitted as a single request.

- **Support for a multi-part educational programs that span three (3) months or less should be submitted as a single request.** *Examples*: An educational program providing identical content across multiple dates/locations (e.g., a training series for HCPs with an event in New York City in January, Tulsa in February, and Las Vegas in March) OR a series of closely related educational programs to be held for a consistent audience (e.g., a prerequisite in June and follow-up course in August).

- **Requests for *financial* and *product* support for the *same* event must be submitted in a single application.** If your request is eligible for product support, you will be able to select both financial and product support within the application.

To Submit a New Request

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To Submit a New Request

- **Complete all seven (7) tabs, or sections,** of the application. **Required fields** are marked with **red asterisks** (*).

- **To navigate between tabs,** click on the **Save and Back** and **Save and Proceed to Next Step** arrows at the bottom of the page. Do not click on the tabs themselves.

- **You don't have to complete the application in one session.** To save your work, complete your current page and click **Save and Continue Later** at the bottom of the screen. You can retrieve your saved application from the **My Actions** page.

- For security reasons, our system **times out after 45 minutes of inactivity** and **any unsaved information will be lost.** Before you step away, remember to save.

- When you've successfully submitted your request, you'll see an **on-screen "Thank You" message** and receive a **confirmation email.** Please keep a copy of this confirmation email for your records.

To Provide Requested Additional Information

- **If additional information is required after submission,** Olympus Grants Team- Americas will notify you by email and "unlock" your application so you can make changes.

- **Only the sections of the application that require your attention will be open for editing.** If you need to update a section that is "locked," contact Olympus Grants Team- Americas at 484-896-3939 or grants-americas@olympus.com for assistance.

- **You must resubmit your application in order for** Olympus Grants Team- Americas **to see your changes.** Click through all of the sections until you reach the "Thank You" screen. You will **not** receive a confirmation email.

⬅ Back

❌ Cancel

Proceed ➡

TIP - *To move between pages of your application, click on the **Back** and **Proceed** arrows.*
DO NOT USE THE "BACK" BUTTON ON YOUR BROWSER.
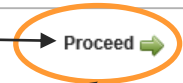
After you have reviewed the "Medical or Microscopy Education Request" instructions, click **Proceed** to continue.

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Step 3: Complete the **General Information** tab. Refer to the on-screen tips, as well as those below, to ensure you are completing this section correctly. When finished, click **Save and Proceed to Next Step**.

Medical Education Request > General Information

Tips for Completing This Section

- **The support you can request from Olympus (financial and/or product) depends on the country in which your event is taking place.** Financial support is available for all countries in the Americas. Product support is only available for events taking place in the United States, Puerto Rico, Canada, Mexico and Brazil. The application will only show you the type(s) of support for which your event is eligible.

- **For each type of grant support you seek from Olympus, you must indicate if you are also seeking support from other industry partners.** If the answer is yes, you'll be prompted to provide the name(s) of these *potential* supporters. (Such support can be "under review;" it does not have be confirmed.) Please note that Olympus cannot be your event's sole source of *financial* support; you must seek financial support from other industry partners.

- **The application's default currency is U.S. Dollars (USD).** All financial requests must be made in USD and, if approved, are paid in USD, with the exception of financial requests from Canadian organizations, which are converted to Canadian dollars (CAD) prior to payment.

- **Total Program Costs and Anticipated Revenue must include** *all* **program expenses and income,** not just those related to the Olympus financial support you may be seeking.

REMEMBER: To navigate among the tabs, you must use the **Back** and **Proceed** arrows at the bottom of the page. *Do not click on the tabs.*

Request ID MED-1948

| General Information | Request Information | Delivery Format | Budget | Document Uploads | Accreditation Details | Authorized Signer and Payee |

General Information

* Country where program is held?
Select the country or territory (if Puerto Rico) where the event is being held.

[United States ▾]

Select the Country in which your event is being held. The country selected will determine the types of Olympus support for which you are eligible.

* Program Type

[Health Care Professional Education ▾]

* Therapeutic Area

[Gastroenterology ▾]

Other is the only **Disease State/Treatment** available. Please select it.

* Disease State/Treatment
Select all that apply. Hold CTRL/Command and click to select multiple values.

[Gastroenterology - Other]

Your **Program/Activity Description** should be a freestanding, high-level executive summary that concisely explains the general nature of the program. "See Attached" is not acceptable.

* Program Title
Note - This title and your organization name will be used to identify your grant request.

[Sample Gastroenterology Grant]

*TIP - In your **Program/Activity Description**, do **NOT** include any incidental sponsorship benefits (e.g., $5K grants are recognized at the silver level and receive a free table display); such benefits are not a factor in Grants Committee decision-making.*

* Program/Activity Description
"See attached" is not acceptable, but an additional attachment may be included on the Document Upload tab. Limit of 1000 characters

[Insert brief description of program/activity here.]

Screen shot continued on next page…

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Screen shot continued from previous page

Financial and product support (where available) should be sought in a single request. To select all Olympus grant support requested for your program, hold *Ctrl* or *Command* on your keyboard while clicking the desired options. **Note that product/equipment support is currently available for events held in the United States, Puerto Rico, Canada, Mexico, Brazil**

* Support Requested from Olympus
Select all that apply. Hold CTRL/Command and click to select multiple values, if applicable.

Financial
Product - Olympus
Product - Spiration

IMPORTANT – You must submit your grant application at least **60 calendar days** before your "Grant Decision Needed by Date" or your Event Start Date, whichever date is earlier.

* Grant Decision Needed by Date
This date must be at least 60 days from today's and must be on or before the start date of the program's first activity

`01 Jun 2018`

* Currency   USD

IMPORTANT – The default currency is **U.S. Dollars (USD)** Every monetary value entered in your grant request must be in USD.

* Amount requested from Olympus
(USD)

`10,000.00`

* Total Program Costs
This value should reflect all anticipated expenses for the overall program, not limited to the portion/sessions of the program for which Olympus support is sought. (USD)

`100,000.00`

Enter the amount of financial support you are seeking from Olympus. This field will be carried over to the Budget tab where you will show the line-item allocation of Olympus' grant funds. **If you aren't seeking financial support, enter $0.00.**

* Is financial support being sought from other sources for this program?
Note: For programs seeking financial grant support from Olympus, the Grants Committee requires that financial support be sought from other industry partners.

◉ Yes ○ No

* Please indicate potential financial supporters

`Boston Scientific. Stryker, Medtronic`

Provide a working estimate of the program's overall expenses. This field will be carried over to the Budget tab where you will show line-item detail of the program's overall expenses

* Is product support being sought from other sources for this program?

◉ Yes ○ No

* Please indicate potential product supporters

`Boston Scientific. Stryker, Medtronic`

If financial and/or product support has been secured (or will be sought) from other sources, please indicate other potential supporters in the fields provided. **NOTE** - Olympus cannot be your sole source of *financial* support; you must seek financial support from other industry partners.

Screen shot continued on next page…

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Screen shot continued from previous page

Latin American Organizations: If you select **Financial** support, you will be prompted to provide the name of your **Organization's financial institution** and a **description of the account** into which Olympus funds would be deposited if your request is approved. Approved grant funds (in USD) would be sent to your financial institution via wire transfer.

* Name of Organization's financial institution where Olympus' financial support would be deposited.
Provide the name of the financial institution (bank) where organization maintains account(s) where funds will be deposited. If funds are approved by Olympus, additional information will be requested to facilitate wire transfer.

Enter bank name here

* Which of the following best describes how any financial support provided by Olympus would be deposited?

Funds deposited in organization's bank account designated specifically for funds from multiple grant-supported events
Funds deposited into organization's bank account designated specifically for funds for specific grant-supported event
Funds deposited into organization's general bank account
Other

The **Anticipated Revenue from Grant Support** should be the **total** amount of grant support you are seeking from **all sources**, not just Olympus.

The **Anticipated Revenue from Sponsorship/Exhibit Support** should be the **total** amount of sponsorship support you are seeking from **all sources**.

* Anticipated Revenue from Registrations *(USD)* — 20,000.00

* Anticipated Revenue from Grant Support *(USD)* — 30,000.00

* Anticipated Revenue from Sponsorship/Exhibit Support *(USD)* — 50,000.00

* Anticipated Revenue - Other *(USD)* — 0.00

Total Anticipated Revenue — 100,000.00
This calculated value should reflect all anticipated revenue for the program.

REMINDER – **Sponsorship Requests** are considered separately from grants and are not accepted through this system. Please email all such requests directly to exhibitopportunities@olympus.com.

TIP - Total Anticipated Revenue will auto-calculate. This total should represent all anticipated income associated with the program

Screen shot continued on next page…

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Screen shot continued from previous page

U.S. Organizations (including Puerto Rico): If your organization appears on the current CMS Teaching Hospital List (https://www.cms.gov/OpenPayments/), respond **Yes** and **select your organization** from the drop-down list.

Non-U.S. Organizations: Please select **No**.

* Is your organization (or parent organization) on the United States CMS "Open Payments List of Teaching Hospitals"?   ● Yes ○ No

*Organizations in the United States and Puerto Rico must check the current **CMS Teaching Hospital List** and respond appropriately. All others, select "No."*

* If Yes, please select the organization   LEHIGH VALLEY:Allentown:PA

* Teaching Hospital Country   United States

* Teaching Hospital Tax ID #   23-1689692

* Teaching Hospital Address Line 1   1200 S Cedar Crest Blvd

IMPORTANT - Some organizations have multiple entries. **Please verify that the Tax ID # matches that of your organization.**

Teaching Hospital Address Line 2

IMPORTANT- Users must agree to comply with Olympus' post-program **reconciliation requirements**, including timely reporting on actual program attendance, budget, and any indirect benefits provided to health care professionals

* Teaching Hospital City   Allentown

* Teaching Hospital State/Province   PA

* Teaching Hospital Postal Code   18103

* ☑ I certify that we (requesting organization) agrees to comply with Olympus reconciliation requirements that are in alignment with the "National Physician Payment Transparency Program: OPEN PAYMENTS", also commonly known as the "Sunshine Act" enacted Aug 1, 2013.

← Save and Back   💾 Save and Continue Later   Save and Proceed to Next Step ⇒

❌ Cancel

TIP – Need to pause and continue at a later time? Click "Save and Continue Later."

After you've completed the **General Information** tab, click here to proceed.

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Step 4: Complete the **Request Information** tab. Refer to the on-screen tips, as well as those below, to ensure you are completing this section correctly. When finished, click **Save and Proceed to Next Step** at the bottom of the web page.

Medical Education Request > Request Information

Tips for Completing This Section

· Use the **Needs Assessment Summary** field to provide a short description of why your course/event/program is necessary and the knowledge/practice gaps it intends to address. You may provide back-up documentation in the Document Uploads section, but a response here is still required. ("See attached" is not acceptable.)

· **DO NOT list your product/equipment needs in the Needs Assessment Summary field.** Specific product and equipment needs should be entered on the appropriate **Product Support Form** and then uploaded in the Delivery Format section. (See additional information on that page.)

REMEMBER: To navigate among the tabs, you must use the **Back** and **Proceed** arrows at the bottom of the page. *Do not click on the tabs.*

Request ID MED-GAS-1948

| General Information | Request Information | Delivery Format | Budget | Document Uploads | Accreditation |

Request Information

* Needs Assessment Summary
Limit of 1000 characters

Last year's course survey showed an ongoing need for more training in....

> **Describe the knowledge and/or practice gaps to be addressed by the program** Response should answer the question, "Why is this program needed?"

* Competencies that will be achieved by request
Select all that apply. Hold CTRL/Command and click to select multiple values.

Medical Knowledge
Patient Care
Practice-Based Learning

> **TIP -** *Descriptions of the ACGME competencies are at http://www.ecfmg.org/echo/acgme-core-competencies.html*

* Are you partnering with an outcomes company? ⦿ Yes ◯ No

* Name of outcomes partner

Acme Outcomes

* Educational Objectives
Add one objective per box and click the disk icon to save.
Limit of 255 characters.

Objective		Action
Improve knowledge and indications for...	✏	✕
		💾

➕ Add Objective

> **Save an entry (click on blue disk) for each educational objective of the program.** To edit an entry, click the pencil icon; to delete an entry, click the red X

⬅ Save and Back   💾 Save and Continue   Save and Proceed to Next Step ➡
❌ Cancel

> After you've completed the **Request Information** tab, click here to proceed.

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Step 5: Complete the **Delivery Format** tab. Please review the on-screen tips carefully to ensure to enter your event information correctly. After you've entered all of your activities, click **Save and Proceed to Next Step**.

Request Detail

Medical Education Request > Delivery Format

Tips for Completing This Section

- Review your agenda and determine the number and type(s) of **Activities** that make up your event. An **Activity** consists of a:

  - **Delivery Format**: The manner in which the Activity's educational content is presented (lecture, hands-on workshop, live case, etc.)

  - **Venue**: The general locale in which the Activity takes place (convention center, hospital, etc.)

  - **Audience**: The group of individuals scheduled to participate in the Activity (physicians, nurses, etc.)

- In the fields below, enter each Activity, beginning with **Delivery Format Type**. Please note that:

  - **You may lump activities together** whenever the Delivery Format, Venue and Audience(s) are the same. For example, 5 didactic sessions over the course of 2 days at a convention center for a group of gastroenterologists is considered one Activity.

  - **You must enter *all* the Activities on your agenda,** even those for which you're not seeking Olympus support, so that the OCA Grants Committee can review the entire scope of your course.

- Once you have entered all of the required information for your first Activity, click on the **blue disk icon** (lower left) to save your entry. Repeat the process for each Activity in your agenda.

- Summary data in the boxes at the top and bottom of the page will be calculated based on the Activities you add. **Note**: Disregard the total numbers of learners—we realize that these values may be inaccurate.

- **If you need to edit an Activity after it has been saved,** click on the **pencil icon** to the right of the Activity entry and scroll down to make your changes in the active fields. When you're done making changes, scroll up and click on the **blue disk icon** on the right to re-save the Activity.

- **Need help?** Download a copy of our detailed, step-by-step <u>application screen shot guide</u> (opens in a new window) or contact   Olympus Grants Team- Americas   at 484-896-3939 or   grants-americas@olympus.com

To Request Product Support

- Product/equipment support is only available for events held in the **United States, Puerto Rico, Canada, Mexico and Brazil**. Your event must be taking place in one of these countries/territory in order to be eligible for product support.

- **"Are you seeking product support from Olympus for a specific activity?"** When you select "Yes," you will be prompted to upload a completed Olympus Product Support Form, available for download <u>here</u>. Click on the link and follow the directions to complete your form and upload it in the field provided.

- **A completed Olympus Product Support Form is required for each Activity seeking equipment support.** Different forms or lists will not be accepted. If your Product Support Form is missing or incomplete, your request will be considered ineligible.

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Screen shot continued from previous page

Request ID MED-GAS-1948

| General Information | Request Information | Delivery Format | Budget | Document Uploads | Accreditation Details | Authorized Signer and Payee |

Delivery Format

Total # Of Activities :	0	Total # of Learners :	0
Live Activities :	0	Live Learners :	0
Web Activities :	0	Web Learners :	0

TIP - Totals in this summary box will update as new activities are saved

➕ Click here to add another activity

START HERE Add the first Activity of your program or event

* Delivery Format Type	Live
* Delivery Format	Hands On Workshop(s)
* # of Speakers/Faculty Members	8
* Activity Start Date *This date must be at least 60 days from today's date.*	01 Jun 2018
* Activity End Date	04 Jun 2018
Web URL	www.courseURL.com
* Venue	Allentown Marriott
* Country	United States
* City	Allentown
* State/Province	PA
* Postal Code	18018
Venue URL	www.marriott.com

Screen shot continued on next page…

OLYMPUS

Screen shot continued from previous page

If you are seeking Olympus **product support** for this specific activity, select **Yes. NOTE:** This question will **not** appear if you are not eligible for product support.

When you respond "Yes, you are seeking product support," a link and document upload field will appear. Click the link (opens in a new window) to select and download the correct form and save it to your computer. Complete all required fields in the form—don't forget to save again. Then click **Browse** to upload the document.

*TIP – To view all available **Product Support Forms**, go to https://www.olympusconnect.com/ProductSupportForms.asp*

* Geographic Reach — Regional

* Audience Generation Tactics — email, website

* Are you seeking product support from Olympus for this activity? — ◉ Yes ◯ No

* Please upload completed product support form
Click here to access an Olympus Product Support Form.
Upload your completed Olympus Product Support Form. An Olympus Product Support Form is required. Alternative forms will not be accepted.

[ ] Browse
USMedicalProductSupportForm - FINAL DF1.xls

*TIP – A successfully uploaded **Product Support Form** will appear here*

* Audience Group	* Specialty	* Category of Credit	* CE/CME Credit Hours for Category	* # of Expected Invitations Distributed	* # of Expected Learners	* # of Expected Learners to Receive Credit	
Physicians	Gastroenterology	ACCME	10	1000	100	100	✗

➕ Click here to add another audience

Total # Of Activities :	0
Live Activities :	
Web Activities :	

Total #	
Live Le	
Web L	

For each activity, enter at least one **Audience Group, Specialty, Credit Hours, Invitation and Expected Attendance** into the table.

*TIP - To add an additional Audience Group, click the green plus sign next to "**Click here to add another audience**."*

💾 Click here to save Activity

⬅ Save and Back   💾 Save and Continue Later   Save and Proceed to Next Step ➡
❌ Cancel

After all activity, product, audience and credit details are entered, **click the disk icon to save the Activity.**

OLYMPUS

After you "Click here to save Activity," your screen will look like this:

Request ID MED-GAS-1948

| General Information | Request Information | **Delivery Format** | Budget | Document Uploads | Accreditation Details | Authorized Signer and Payee |

Delivery Format

Total # Of Activities :	1
Live Activities :	1
Web Activities :	0

TIP - *Totals in this box now reflect the activity entered*

Total # of Learners :	100
Live Learners :	100
Web Learners :	0

TIP - *Disregard "Total # of Learners." We realize that some learners will be attending more than one activity.*

Delivery Format :	Hands On Workshop(s)
# of Speakers/Faculty Members :	8
Geographic Reach :	Regional

Review your saved activity summary for accuracy. If changes are required, click the pencil icon to open the entry for editing. To delete the entire activity, click the red X icon

Activity Start Date :	01 Jun 2018	Activity End Date :	04 Jun 2018	Venue :	Allentown Marriott
Country :	United States	City :	Allentown	State/Province :	PA
Postal Code :	18018	Audience Generation Tactics :	email, website	Web URL :	www.courseURL.com
Venue URL :	www.marriott.com				

Are you seeking product support from Olympus for this activity? : ● Yes ○ No

USMedicalProductSupportForm - FINAL DF1.xls

Audience Group	Specialty	Category of Credit	CE/CME Credit Hours for Category	# of Expected Invitations Distributed	# of Expected Learners	# of Expected Learners to Receive Credit
Physicians	Gastroenterology	ACCME	10	1000	100	100

➕ Click here to add another activity

* Delivery Format Type [▼]

To enter details for another Activity, begin with **Delivery Format Type** here and repeat the process outlined on pages 16-18

IMPORTANT - You must enter ALL activities on your agenda, even those for which you are not seeking Olympus support.

After you've entered all of your activities and completed the **Delivery Format** tab, click here to proceed.

Save and Proceed to Next Step ➡

OLYMPUS

Step 6: Complete the **Budget** tab. Refer to the on-screen tips, as well as the instructions on the following pages, to ensure you are completing this section correctly. When finished, click **Save and Proceed to Next Step**.

Request Detail

Medical Education Request > Budget

> **TIP -** *Review the on-screen **Budget** instructions.*
> *Additional details are provided on the following pages.*

Tips for Completing This Section

- **Use the Budget sub-tabs below to build a line-item budget** of your anticipated expenses (Proposed Program Costs) and how you would allocate any funds you may be seeking from Olympus (Requested Amount from Olympus).

- *All* **program expenses must be included,** not just those related to the Olympus financial support you may be seeking.

- All values must be in U.S. Dollars (USD).

- **If you're not requesting any financial support from Olympus,** you must still complete the Budget section so that the OCA Grants Committee can review the financial management of your event.

- **If our budget categories don't correspond with those of your prepared budget,** enter your expenses and allocations as best you can, using the comments fields to explain what you entered where, if necessary. You may also upload a copy of your prepared budget on the Document Uploads tab (next section), but doing so is not a substitute for completing this tool.

- **Enter real numerical values only.** If a value is zero, you do not have to enter $0.00. Simply leave the field blank.

- **To navigate between the budget sub-tabs,** click on the **green arrows** **Save and Proceed to Next Budget Tab** or **Save and Proceed to Previous Budget Tab.**

Budget Tab Calculator

As you enter your **Program Costs** and **Requested Amounts from Olympus** in the budget sub-tabs below, the system will keep a running tally and compare these totals to the **Total Program Costs** and total **Requested Amount from Olympus** that you entered previously on the **General Information** tab. (These values are listed below for your reference). Continue entering amounts into the budget sub-tabs until:

- **Total Program Costs** calculated from tabs below **EQUALS** the Total Program Costs entered previously **AND**

- **Requested Amount from Olympus** calculated from tabs below **EQUALS** the Requested Amount from Olympus enter previously

When these two conditions are met, click on the **green arrow** **Save and Proceed to Next Step** in order to move forward in the application. If you receive an **error message**, make sure the two sets of values match as described above.

> *Screen shot continued on next page…*

OLYMPUS

Screen shot continued from previous page

a) Review the **Total Program Costs (from previous page)** and **Requested Amount from Olympus (from previous page)** to make sure these values are accurate. (These are the values that you entered earlier on the General Information tab.) If one or both values are incorrect, click **Save and Back** until you reach the **General Information** tab, update the values as needed, then click **Save and Proceed** to return to this page.

Request ID MED-GAS-1948

| General Information | Request Information | Delivery Format | **Budget** | Document Uploads | Accreditation Details | Authorized Signer and Payee |

Budget Information

Total Program Costs (from previous page) USD 100,000.00
Requested Amount from Olympus (from previous page)   USD 10,000.00

Total Program Costs (calculated from tabs below) USD 100,000.00
Requested Amount from Olympus (calculated from tabs below): USD 10,000.00

b) Next, proceed through each **Budget category tab** and enter your **Proposed Program Costs** and **Requested Amounts from Olympus**. You must enter **ALL** program costs, even those for which you are not specifically seeking Olympus support OR those not eligible for support (for example, faculty travel, meals, honoraria, etc.).

| **Account & Activity Management** | Accreditation Costs | Content Development | Faculty and Staff Travel | Honoraria | Meals | Meeting Logistics | Outcomes |
| Production and Shipping |

Comments must be provided for costs entered in the "Other" category

Account & Activity Management	Proposed Program Costs	Requested Amount from Olympus	Comments
Logistics Management	100000.00	10000.00	
Financial Management			
Content Management			
Audience Generation Management			
Other			
	Program Costs: USD 100,000.00	Requested Amount from Olympus Subtotal: USD 10.000.00	

Save and Proceed to Next Budget Tab ➡

⬅ Save and Back   💾 Save and Continue Later   Save and Proceed to Next Step ➡

❌ Cancel

*See Budget **TIPS** on the following pages…*

OLYMPUS

Request ID MED-GAS-1948

| General Information | Request Information | Delivery Format | **Budget** | Document Uploads | Accreditation Details | Authorized Signer and Payee |

Budget Information

Total Program Costs (from previous page) USD 100,000.00

Requested Amount from Olympus (from previous page)   USD 10,000.00

Total Program Costs (calculated from tabs below) USD 100,000.00

Requested Amount from Olympus (calculated from tabs below): USD 10,000.00

TIP – *If our Budget categories don't correspond with those of your prepared budget, enter your expenses and allocations as best you can, using the* **Comments** *field to indicate what was entered where, if necessary.,*

| **Account & Activity Management** | Accreditation Costs | Content Development | Faculty and Staff Travel | Honoraria | Meals | Meeting Logistics | Outcomes |
| Production and Shipping |

Budget Categories

Comments must be provided for costs entered in the "Other" category

Account & Activity Management	Proposed Program Costs	Requested Amount from Olympus	Comments
Logistics Management	100000.00	10000.00	
Financial Management			
Content Management			
Audience Generation Management			
Other			

Program Costs: USD 100,000.00

Requested Amount from Olympus Subtotal: USD 10.000.00

Save and Proceed to Next Budget Tab ➡

⬅ Save and Back   💾 Save and Continue Later   Save and Proceed to Next Step ➡

❌ Cancel

TIP - Comments *are strongly encouraged for all fields but are* **required** *whenever* **Other** *is used. You must provide descriptions of any expenses categorized as Other.*

OLYMPUS

TIP - The Budget categories "Faculty and Staff Travel," "Honoraria" and "Meals" require costs per item instead of lump-sum costs. For example, in the Meals budget category shown below, you must enter the **Cost Per Item** (in this case, cost per meal per person), **Items Per Person** (number of times each person will have the meal) and **Number of People** (number of individuals who will have the meal over the course of the event).

TIP - If a **Cost Per Item** varies (for example, lunch on day one is more expensive than lunch on day two), provide the **average** Cost Per Item so that the **Proposed Program Cost** reflects the accurate overall cost for the line item.

EXAMPLE: For breakfast, the cost per meal is $12.95 (Cost Per Item). The event is scheduled to last two days, so breakfast will be served 2 times (Items Per Person = 2). There are 115 people (attendees, faculty, staff) scheduled to participate in the event (Number of People). The system automatically calculates the total **Proposed Program Cost** ($2,978.50).

Account & Activity Management	Accreditation Costs	Content Development	Faculty and Staff Travel	Honoraria	Meals	Meeting Logistics	Outcomes

Production and Shipping

Comments must be provided for costs entered in the "Other" category

Note - Olympus grant support may not be used for health care professionals' or microscopists' meals. All costs must include tax and tip.

Meals	Cost Per Item	Items Per Person	Number of People	Proposed Program Costs	Requested Amount from Olympus (calculated)	Comments
Breakfast	12.95	2	115	2,978.50		
Lunch	22.00	2	115	5,060.00		
Dinner	62.00	1	105	6,510.00		
Breaks/Snacks						
Other	14.00	1	115	1,610.00		afternoon reception

Program Costs: USD 16,158.50

Requested Amount from Olympus Subtotal: USD 0.00

⬅ Save and Proceed to Previous Budget Tab

Save and Proceed to Next Budget Tab ➡

OLYMPUS

> **TIP –** *Throughout the Budget categories, look for* **red** *text to remind you which expenses are* **not** *eligible for monetary support from Olympus; the* **Requested Amount from Olympus** *for these categories should be left* **blank.** *Requests with non-allowable costs allocated to Olympus will not be reviewed by the Grants Committee.*

| Account & Activity Management | Accreditation Costs | Content Development | Faculty and Staff Travel | Honoraria | **Meals** | Meeting Logistics | Outcomes |

Production and Shipping

Comments must be provided for costs entered in the "Other" category

Note - Olympus grant support may not be used for health care professionals' or microscopists' meals. All costs must include tax and tip.

Meals	Cost Per Item	Items Per Person	Number of People	Proposed Program Costs	Requested Amount from Olympus (calculated)	Comments
Breakfast	12.95	2	115	2,978.50		
Lunch	22.00	2	115	5,060.00		
Dinner	62.00	1	105	6,510.00		
Breaks/Snacks						
Other	14.00	1	115	1,610.00		afternoon reception

Program Costs: USD 16,158.50

Requested Amount from Olympus Subtotal: USD 0.00

← Save and Proceed to Previous Budget Tab

Save and Proceed to Next Budget Tab ⇨

OLYMPUS

Request ID MED-GAS-1948

General Information	Request Information	Delivery Format	**Budget**	Document Uploads	Accreditation Details	A

Budget Information

Amounts entered on General Information tab

Total Program Costs (from previous page) USD 100,000.00

Requested Amount from Olympus (from previous page)   USD 10,000.00

Total Program Costs (calculated from tabs below) USD 100,000.00

Requested Amount from Olympus (calculated from tabs below): USD 10,000.00

*TIP - As you enter costs and allocate Olympus grant funds in the Budget category tabs, **the system will keep a running tally of the amounts you enter.** Use this calculator to ensure that your entries are "adding up" to match those you entered on the "previous page" (General Information tab).*

Account & Activity Management	Accreditation Costs	Content Development	Faculty and Staff Travel	Honoraria	Meals	**Meeting Logistics**	Outcomes

Production and Shipping

Comments must be provided for costs entered in the "Other" category

Meeting Logistics	Proposed Program Costs	Requested Amount from Olympus	Comments
Meeting Room(s)	1240.00	1240.00	hotel space for didactic
A/V Equipment - Rental & Labor	1020.00	1020.00	$510/day X 2 days
Device - Rental & Labor			
Teleconference Costs			
Congress/Association Costs			
Onsite Meeting Support	320.00	320.00	2 admin staff X 2 days
Other	420.00	420.00	pig stomachs for lab X
	Program Costs: USD 3,000.00	**Requested Amount from Olympus Subtotal: USD 3,000.00**	

⬅ Save and Proceed to Previous Budget Tab   Save and Proceed to Next Budget Tab ➡

⬅ Save and Back   Save and Proceed to Next Step ➡

❌ Cancel

*TIP - Costs for **cadavers or models** should be entered under **Meeting Logistics – Other.** Comments are required*

OLYMPUS

Request ID MED-GAS-1948

| General Information | Request Information | Delivery Format | Budget | Document Uploads | Accreditation Details | Authorized Signer and Payee |

Budget Information

TIP - In order to move off the Budget tab, *these 2 values must be equal…*

Total Program Costs (from previous page) USD 100,000.00

Requested Amount from Olympus (from previous page) USD 10,000.00

Total Program Costs (calculated from tabs below) USD 100,000.00

Requested Amount from Olympus (calculated from tabs below): USD 10,000.00

…and these 2 values must be equal

| Account & Activity Management | Accreditation Costs | Content Development | Faculty and Staff Travel | Honoraria | Meals | Meeting Logistics | Outcomes |
| Production and Shipping |

Comments must be provided for costs entered in the "Other" category

Meeting Logistics	Proposed Program Costs	Requested Amount from Olympus (calculated)	Comments
Meeting Room(s)	1240.00	1240.00	hotel space for didactic
A/V Equipment - Rental & Labor	1020.00	1020.00	$510/day X 2 days
Device - Rental & Labor			
Teleconference Costs			
Congress/Association Costs			
Onsite Meeting Support	320.00	320.00	2 admin staff X 2 days
Other	420.00	420.00	pig stomachs for lab X
	Program Costs: USD 3,000.00	Requested Amount from Olympus Subtotal: USD 3,000.00	

⬅ Save and Proceed to Previous Budget Tab   Save and Proceed to Next Budget Tab ➡

⬅ Save and Back   💾 Save and Continue Later   Save and Proceed to Next Step ➡

❌ Cancel

Once the **Budget** section is complete – all **Program Costs** have been entered and the full **Requested Amount from Olympus** has been allocated – click **Save and Proceed to Next Step.**

OLYMPUS

Step 7: Complete the **Document Uploads** tab. Refer to the on-screen tips, as well as those below, to ensure you are completing this section correctly. When finished, click **Save and Proceed to Next Step**.

Medical Education Request > Document Uploads

Tips for Completing This Section

- Upload a supporting document for each required field marked with a **red asterisk** (*).

- For organizations based outside of the United States and Canada, **Organization's Governing Documents** and **Relevant Taxing Authority Document** are also **required**, even though these fields are not marked with a red asterisk.

- You may also upload any additional documents that may aid the OCA Grants Committee's review of your program.

Upload Requirements

- Allowable file types/extensions: doc, docx, pdf, xls, and xlsx

- Maximum file size: 10 MB

- Filenames cannot exceed 50 characters

- Do not upload secured (password-protected) files

Organizations based outside of North America, please take note:

U.S. Organizations – Click the links to review your uploaded W-9 Form and IRS Letter of Determination. If your **W-9** has not been signed and dated within the past two years, select "No" and upload a more current copy when prompted.

Non-U.S. Organizations – For these two questions, please select **N/A – Non US**

Request ID MED-GAS-1948

| General Information | Request Information | Delivery Format | Budget | Document Uploads | Accreditation Details | Authorized Signer and Payee |

Document Uploads

* Is the current W-9 in your profile up to date?   ● Yes ○ No ○ N/A- Non US
The W-9 must be signed and dated within the last two years.

View Uploaded W-9 Form

* Is the current IRS letter of determination in your profile up to date?   ● Yes ○ No ○ N/A- Non US

View IRS letter of determination

* Is the current Accreditation Certificate in your profile up to date?   ○ Yes ● No ○ N/A- Non US

* Accreditation Certificate ACCME   [_____] Browse

TIP - If your organization's W-9 is out of date, contact your grants or development office for an updated copy, or download a blank form at https://www.irs.gov/pub/irs-pdf/fw9.pdf and ask the appropriate party to complete and sign. Upload the document on this page and your organization's Registration will be updated so the new document is available for all future applications

If applicable, click on the links to review your **Accreditation Certificate(s).** If any have expired, select "No" and upload an up-to-date certificate in the field provided.

OLYMPUS

Screen shot continued from previous page

Click **Browse** to locate the appropriate files on your computer and upload them to the required fields

* Detailed Agenda
For live educational events, the agenda provided must include hour by hour detail of the content to be presented.

● Agenda SAMPLE.pdf ✕ Remove

* Letter of Request

● Letter of Request SAMPLE.pdf ✕ Remove

TIP - *If you attach a file in error, click on "X Remove" to delete the file and restore the **Browse** button. Then upload the correct file.*

* Invitation/Flyer/Marketing Material

● Brochure SAMPLE.pdf ✕ Remove

Needs Assessment   [   ] Browse

TIP – *Address your **Letter of Request** to the "OCA Grants Committee" and tell them why they should consider supporting your event. **DO NOT** include any incidental sponsorship benefits (for example, $5K grants are recognized at the silver level and receive a free table display); such benefits are not a factor in the Grants Committee's decision-making.*

Detailed Budget   [   ] Browse

Outcomes Measurement Plan   [   ] Browse

Product and Logistics Details   [   ] Browse

A **Product and Logistics Details** document is encouraged if you are seeking product/equipment support and have additional information to share about your product needs, delivery, and/or set-up that was not captured in the required **Product Support Form** (the Excel file you uploaded on the Delivery Format tab).

Learning Objectives   [   ] Browse

Relevant Taxing Authority Document
This document is REQUIRED for countries outside North America.

● SAMPLE Tax Authority Document.pdf ✕ Remove

Required uploads if you are based outside of North America

Additional Document   [   ] Browse

TIP – *You are strongly encouraged (but not required) to attach additional documents (such as a Needs Assessment, Detailed Budget, etc.) that may assist the Grants Committee in reviewing your request. Use the existing fields where applicable. If you need to add another upload field, click on **Add Row**.*

Organization's Governing Documents
This document is REQUIRED for countries outside North America.

● SAMPLE Governing Documents.pdf ✕ Remove

╋ Add Row

After you've completed the **Document Uploads** tab, click here to proceed.

◄ Save and Back
❌ Cancel

Save and Proceed to Next Step ➡

OLYMPUS

Step 8: Complete the **Accreditation Details** tab. Refer to the on-screen tips, as well as those below, to ensure you are completing this section correctly. When finished, click **Save and Proceed to Next Step**.

Medical Education Request > Accreditation Details

Tips for Completing This Section

- **Please specify if your program is accredited** (that is, participants are eligible to receive CME or similar credit for participating in your event). Note that accreditation status has no impact on the eligibility of your grant request. The OCA Grants Committee considers requests for both accredited and non-accredited courses.

- **If your program is accredited by another organization,** you will be prompted for information about the Accreditor Organization, including the Accrediting Body (such as ACCME) and a copy of the Accreditor Organization's Accreditation Certificate.

- **Please make sure that the contact information you provide for the Accreditor is accurate.** Should your request be approved, the Accreditor will be notified via email and will be required to take action in order for your organization to receive the award.

Request ID MED-GYN-1746

| General Information | Request Information | Delivery Format | Budget | Document Uploads | Accreditation Details | Authorized Signer and Payee |

Accreditation

* Is the program accredited? ⦿ Yes ◯ No

* Is your organization the accreditor of this program? ⦿ Yes ◯ No

> If your organization is the Accreditor, select **Yes**. You'll then be prompted to enter the **Accrediting Body (or Bodies) and upload the** corresponding **Accreditation Certificate(s)**.

* Please Select Accrediting Bodies
(Hold CTRL to make multiple selections)

```
AACP
AAFP
AAN
```

> *Is another organization the Accreditor? See next page.*

* Accreditation Certificate ACCME   [   ] [Browse]

🔄 Clear ❌ Remove
Accreditation Cert SAMPLE.pdf

➕ Add Additional Accrediting Organization

> If your program has an educational partner (other than the Accreditor) select **Yes**.
> A field will appear for the partner's name.

* Will you be working with a third party implementer/educational partner?   ◯ Yes ⦿ No

* ☑ By checking this box I certify that this program is accredited and all accredited program elements will abide by the conditions set forth by the associated accrediting bodies.

⬅ Save and Back   💾 Save and Continue Later   Save and Proceed to Next Step ➡
❌ Cancel

Request ID MED-GAS-1948

| General Information | Request Information | Delivery Format | Budget | Document Uploads | Accreditation Details | Authorized Signer and Payee |

Accreditation

* Is the program accredited?   ● Yes ○ No

* Is your organization the accreditor of this program?   ○ Yes ● No

If your organization is **NOT** the Accreditor, select **No**. You'll then be prompted to enter the **Name**, **Accrediting Body (or Bodies)**, corresponding **Accreditation Certificate(s)** and **Accreditor Contact Person details**.

Is your organization the Accreditor? See previous page.

* Accreditor Organization Name   [_____]

* Please Select Accrediting Bodies
  (Hold CTRL to make multiple selections)
  [N/A
    AACP
    AAFP]

* Accreditation Certificate
  ACCME   [_____] [Browse]

  🔄 Clear ❌ Remove

* Country   [United States ▼]
* Accreditor First Name   [_____]
* Accreditor Last Name   [_____]
* Accreditor Email Address [_____]
* Address Line 1   [_____]
  Address Line 2   [_____]
* City   [_____]
* State/Province   [▼]
* Postal Code   [_____]
* Phone   [(__)__-____]

  ➕ Save Accreditor Information

IMPORTANT- Please make sure the contact information you provide for the outside Accreditor is accurate. If your grant request is approved, Olympus will email the Accreditor and ask him or her to sign your Letter of Agreement. **Failure to obtain the Accreditor's signature could jeopardize the delivery of your award. Please inform the Accreditor that he or she will be contacted if your request is approved.**

* Will you be working with a third party implementer/educational partner?   ○ Yes ● No

If your program has an educational partner (other than the Accreditor) select **Yes**. A field will appear for the partner's name.

* ☑ By checking this box I certify that this program is accredited and all accredited program elements will abide by the conditions set forth by the associated accrediting bodies.

⬅ Save and Back   💾 Save and Continue Later   Save and Proceed to Next Step ➡

❌ Cancel

After you've completed the **Accreditation Details** tab, click here to proceed.

OLYMPUS

Step 9: Complete the **Authorized Signer and Payee** tab. Refer to the on-screen tips, as well as those below, to ensure you are completing this section correctly. When finished, click **Save and Proceed to Next Step**.

Request Detail

Medical Education Request > Authorized Signer and Payee

Tips for Completing This Section

- Please ensure that the Authorized Signer indicated below has the **legal authority** to sign Olympus' Letter of Agreement should the OCA Grants Committee approve your request. If the individual identified below is incorrect, please select "No" and provide the name and email address for the correct Authorized Signer.

- If you request is approved, the Authorized Signer will be notified via email and will be required to take action in order for your organization to accept the award.

- Payee Address information is only relevant for financial grants awarded to organizations in the United States and Canada, which are sent via FedEx or a similar carrier. If your organization is based outside of North America, please select N/A.

- Financial grants awarded to organizations based in Latin America will be sent in USD via wire transfer to your financial institution. We will contact you for additional routing information if your request is approved.

Request ID MED-GAS-1948

| General Information | Request Information | Delivery Format | Budget | Document Uploads | Accreditation Details | **Authorized Signer and Payee** |

Authorized Signer and Payee

* Is the Authorized Signer listed below correct?
Note - Should Olympus support be granted, the Authorized Signer will receive the Letter of Agreement for signature via the email address provided.

◉ Yes ○ No

If the **Authorized Signer** listed has the **legal authority** to sign Olympus' **Letter of Agreement** and the **email address** is correct, select **Yes**. Otherwise, select **No** and enter the correct information when prompted.

Authorized Signer First Name	Olympus Test Account
Authorized Signer Last Name	Production
Authorized Signer Email Address	grants-americas@olympus.com

IMPORTANT- Olympus will contact the Authorized Signer via email, and action will be required by the Authorized Signer should an award be made. ***Please inform the Authorized Signer that he/she will be contacted.***

OLYMPUS

Screen shot continued from previous page

U.S. and Canadian Organizations: If the address shown is the correct mailing address to be used for delivery of a paper check, select **Yes.** If the address is not correct, select **No** and enter the correct information when prompted.

Other Organizations: Monetary awards are usually made via wire transfer. No delivery address is required. Please select **N/A**.

Payee Information

Attention

Requesting Organization Name — Olympus Test Account - Production
Requesting Organization Address Line 1 — Olympus Corporation of the Americas
Requesting Organization Address Line 2 — 3500 Corporate Parkway
Requesting Organization City, State/Province, Postal Code — Center Valley, PA, 18034
Requesting Organization Country — United States
Requesting Organization Phone Number

* Is Payee Address the same as the Organization address?
Payee Address required for US and Canadian organizations requesting financial support. All others, select N/A.

◉ Yes ○ No ○ N/A

IMPORTANT – Olympus will only make payment to the **Requesting Organization** indicated here, which has been taken from your Registration. This information cannot be changed.

⬅ Save and Back
❌ Cancel

💾 Save and Continue Later

Save and Proceed to Next Step ➡

*TIP – U.S. and Canadian Organizations: For the **Payee Address**, P.O. Boxes are not accepted. Olympus delivers checks to U.S. organizations via FedEx and Canadian organizations via Purolator*

When you have completed the **Authorized Signer and Payee** tab, click here to Proceed.

OLYMPUS

Step 10: Please review this on-screen summary to ensure your application is accurate and complete prior to submission. Then, scroll down, review the Agreement paragraph and click **Proceed** in order to submit your request to Olympus. **Your application has not been submitted until you see the "Thank You" screen.**

> *TIP* - ***To make changes,*** *click the pencil icon next to the section you need to edit in order to return to that tab of the original application. Make your changes, then click **Save and Proceed to Next Step**. You will automatically be brought back to this summary page.*

Request Detail

Request ID MED-GAS-1948

General Information

Country where program is held?	United States
Program Type	Health Care Professional Education
Therapeutic Area	Gastroenterology
Disease State/Treatment	Gastroenterology - Other
Program Title	Sample Gastroenterology Grant
Program/Activity Description	Insert brief description of program/activity here.
Support Requested from Olympus	Financial, Product - Olympus
Grant Decision Needed by Date	01 Jun 2018
Currency	USD
Requested Amount from Olympus	10,000.00
Total Program Costs	100,000.00
Is financial support being sought from other sources for this program?	● Yes ○ No
Please indicate potential financial supporters	Boston Scientific, Medtronic, Stryker
Is product support being sought from other sources for this program?	● Yes ○ No
Please indicate potential product supporters	Boston Scientific, Medtronic, Stryker

Screen shot continued on next page…

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Screen shot (abridged) continued from previous page

Authorized Signer and Payee

Is the Authorized Signer listed below correct?   ● Yes ○ No

Authorized Signer First Name   Olympus Test Account

Authorized Signer Last Name   Production

Authorized Signer Email Address   grants-americas@olympus.com

Attention

Requesting Organization Name   Olympus Test Account - Production

Requesting Organization Address Line 1   Olympus Corporation of the Americas

Requesting Organization Address Line 2   3500 Corporate Parkway

Requesting Organization City, State/Province, Postal Code   Center Valley, PA, 18034

Requesting Organization Country   United States

Requesting Organization Phone Number

Is Payee Address the same as the Organization address?   ● Yes ○ No ○ N/A

At the bottom of the page, carefully review the **Agreement** statement. If desired, click the bold **Compliance Commitment** text to review that document in a new window. (The Compliance Commitment was displayed during Registration and includes an additional link to a sample Letter of Agreement that you may wish to circulate for your organization's review)

Check the box to show your agreement with Olympus' terms and conditions.

Agreement

* ☐ I understand that my grant request will be considered ineligible if any portion of my registration or request, including required attachments, is incomplete. Requests for product support must include a complete Product Support Form for each proposed product-supported activity. I agree to the complete terms and conditions of the Olympus Compliance Commitment. I certify that to the best of my knowledge all of the information in my application is truthful and accurate. I certify that the requesting organization, its personnel and I (1) have not implicitly or explicitly solicited the requested support in exchange for an agreement to purchase, lease or recommend, use, arrange for the purchase or lease of, or prescribe Olympus products, and (2) are not persons or organizations excluded from participation in Medicare, Medicaid or other US federal healthcare programs. I understand that Olympus sales, marketing and commercial-facing personnel are separated by design from the Olympus grants process and should not be contacted or consulted regarding grant-related matters.

🖨 Print

❌ Cancel

⬅ Back

TIP - *If desired, click Print to print or save a copy of the full application for your records*

IMPORTANT – You must click **Proceed** in order to **SUBMIT YOUR REQUEST TO OLYMPUS**

Proceed ➡

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Step 11: Review the "**Thank You**" screen and check your inbox for a **confirmation email** from Olympus.

Thank You!

Thank You For Submitting the Following Medical Education Request:

Request ID: MED-GAS-1948

*TIP - Note your **Request ID** and use the number in all correspondence with Olympus Grants Team- Americas*

Program Title: **Sample Gastroenterology Grant**

Requesting Organization: **Olympus Test Account - Production**

Program Start Date: **01 Jun 2018**

TIP – The email address that you have in our system will appear here.

Support Requested: **Financial, Product - Olympus**

Financial Grant Amount Requested: **USD 10,000.00**

— **If this is a first-time submission,** a confirmation email has been sent to grants-americas@olympus.com If you don't receive this email within 15 minutes, please check your spam folder or contact OCA Grants at 484-896-3939 or grants-americas@olympus.com

— **If you are resubmitting this request after responding to queries from** Olympus Grants Team- Americas, this "thank you" screen is your confirmation that your request has been received. You will **not** receive a confirmation email.

What Happens Next?

Olympus Grants Team- Americas **will review your application.** If additional information is required, you will be notified via email and asked to update your online application by the deadline provided. If you fail to respond in a timely manner, your application will be considered incomplete and will not be advanced to the Committee for their review.

IMPORTANT – Please read.

If your application includes a request for product/equipment support, the clinical contact you indicated on your Product Support Form may be contacted by Olympus to clarify equipment needs and logistics. Please notify your clinical contact that failure to respond to these requests will delay the Committee's review of your entire request and may jeopardize Olympus' ability to secure inventory and provide personnel to manage the equipment associated with your event.

Please Note

Acknowledgement of the receipt of your grant application does not indicate that Olympus has agreed to provide support. Support decisions are made only after the OCA Grants Committee has reviewed your complete request. Committee determinations are communicated via email (to Requestors or Authorized Signers, as applicable), and all decisions are final.

Olympus Grants Team- Americas **| 484-896-3939 |** grants-americas@olympus.com

*Click **Proceed** to return to your My Actions (welcome) screen.*

Proceed ➡

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