

OLYMPUS CORPORATION OF THE AMERICAS MEDICAL GRANTS PROGRAM CHECKLISTS

These documents list the information and attachments required to begin the grant application process for eligible healthcare events taking place in the Americas and/or events coordinated by organizations based in the Americas.

For comprehensive guidance on completing registrations and applications, please refer to the Registration and Application Guides available in the [Resources Section of our Website](#).

Review the category descriptions below and click a button to navigate directly to a checklist

Registration Checklist

User must complete a one-time **Registration** in order to submit Grant Requests on behalf of his/her organization.

Medical Education Request Checklist

Live educational conferences or workshops for healthcare professionals, web-based educational programs and patient education programs, all of which must be open and advertised to participants from multiple institutions.

Fellowship Request Checklist

Clinical fellowships coordinated by a medical society. Current priority areas include advanced endoscopy, interventional urology and interventional pulmonology. Requests for clinical fellowships coordinated by universities, medical schools and/or teaching hospitals are not eligible. Requests for non-clinical fellowships are also not eligible.

Healthcare Related Charitable Contributions (HRCC) Checklist

This application is by invitation only. If you have not received an email inviting you to apply, do not use this application.

Olympus is not accepting unsolicited proposals or sponsorship requests of any kind for charitable support / contributions.

Advocacy Grant Requests: If you are seeking support for 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, please contact Grants Team- Americas for guidance on how/ where to apply.

Complete program eligibility information will regularly be updated at www.olympusamerica.com/grants

Updated: November 2025

Olympus Medical Grants Portal

North America & Latin America

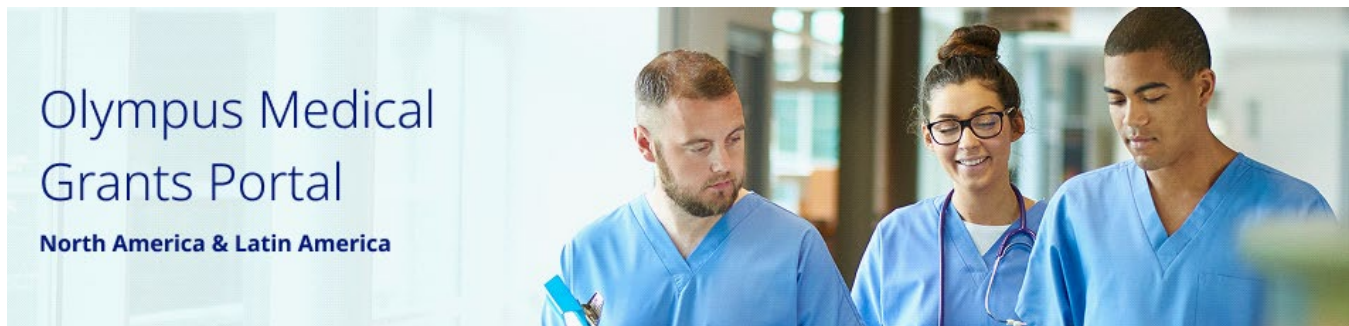


GRANT REGISTRATION CHECKLIST

Items are required unless otherwise noted

Organization Information	Description of Field or Options Available for Selection
Country	United States, Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Suriname, Uruguay, Venezuela, Other
GuideStar Profile Lookup (U.S. Only)	United States- based organizations may use the GuideStar lookup to complete the relevant fields related to the Organization. We recommended searching using Organization's Tax Id for more precise results.
Organization Legal Name	Please enter your organization's legal name as registered with your country's federal government.
Alternative Organization Name or Acronym	If your organization does business under another name or acronym, please enter that information.
Street Address, City, State/Province, Postal Code	For organizations with multiple departments/locations, this address should reflect your specific department/location
Tax ID/ EIN	Enter the identification number assigned to your organization by your taxing authority. In the United States, enter the Taxpayer Identification Number (Tax ID) or Employer Identification Number (EIN) assigned to your organization by the Internal Revenue Service (IRS)
Tax Status	501c3, 501c6, Other Non-Profit. 501c3 and 501c6 are for use by United States organizations only. Organizations outside of the United States can select Other Non-Profit. Note: You must be a qualified non-profit in order to apply for grant support.
Website	
Organization Description	Please describe the mission of your organization. If your organization has a specific expertise, please list it here. (limit 500 characters)
Primary Contact Information	
Prefix	Dr. Mr.Ms. Prof.
Title, First Name, Last Name, Business Role	

Email	The email address of the primary contact is especially important, as it will serve as the username for account setup.
Primary & Secondary Phone	Primary phone: phone number to reach you during business hours; Secondary phone: an alternate number to be used in the event attempts using the primary number are unsuccessful.
Secondary Contact Prefix	<i>Dr. Mr. Ms. Prof.</i>
Secondary Contact Name	An alternate professional contact to be used for urgent matters if you cannot be reached.
Secondary Contact Phone	
Secondary Contact Email	
Submit	After submitting your registration, you will receive an email confirming your registration request submission. The Grants Team – Americas will review your request, and within two business days , you will receive an approval email with instructions to complete your account setup.



MEDICAL EDUCATION GRANT SUBMISSION CHECKLIST

Items are required unless otherwise noted

Organization Information	Description of Field - Selections Available
Organization Name	This field will automatically populate based on the details provided during Registration. If you registered for more than one organization, you will be able to select which organization this application is for from a drop-down list.
Department (do not update)	No Action Required - this field will automatically populate based on the details provided during Registration.
Primary Contact	This field should typically be the individual completing the application. This is who we will contact with any questions regarding the application. If appropriate, you may select a different Primary Contact from the list of individuals associated with the organization. If the Primary Contact is not listed, click Add New to open a window where you can enter their information.
Primary Signatory	Select or provide information for the the individual authorized to enter into a contract with Olympus should the Grant be approved. To add a Primary Signatory: click Add New and complete the required fields.
Additional Contact (not required)	If another individual will assist you in completing portions of this application, please enter their information in the Additional Contact field.
General Information	Description of Field - Selections Available
Country where program is held	United States, Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Suriname, Uruguay, Venezuela, Other Note: The country selected will determine the types of Olympus support for which you are eligible.
Therapeutic Area	Anesthesiology, Bariatrics, Colorectal Surgery, ENT, Gastroenterology, General Surgery, Gynecology, Pulmonology, Thoracic Surgery, Urology, Other.

Program Title	This should match the title you use when advertising the program. Do not add additional general descriptions.
Program Summary	A high-level summary of your program (up to 1000 characters); a formal Letter of Request must be attached later, but completing this field is required and should provide a concise overview
Support Requested from Olympus	Support types vary based on the country in which your program is being held. Events in the U.S. and Canada are eligible for <i>Monetary; In-Kind; Monetary and In-Kind</i> . Events in Chile, Puerto Rico, Mexico and Brazil are eligible for <i>Monetary; In-Kind; Monetary and In-Kind</i>. Events in other Latin American countries are eligible for <i>Monetary only</i>.
Amount Requested from Olympus	US Dollars (USD) is the default currency and cannot be changed.
Is in-kind support sought from other sources for this program?	If In-Kind support has been secured (or will be sought) from other sources, please indicate other potential supporters in the field provided.
Please indicate potential in-kind supporters.	
Program Start Date	Because the Olympus Grants process can take up to 60 days, this date must be at least 60 days from the date of submission.
Program End Date	
Needs Assessment Summary	Please provide a high level summary of the educational gap(s) this program will address. This should answer the question "Why is this program needed?" (up to 1000 characters)
Is this program accredited?	<i>Yes/No</i> Please indicate whether your program is accredited—meaning participants are eligible to receive CME or similar continuing education credit. Accreditation status does not affect the eligibility of your request.

Overview of the Delivery Format Section

In this section, you must provide a separate entry for each activity included in your program—regardless of whether Olympus support is being requested for that specific activity. Every item listed in your program agenda should be reflected here.

An “activity” refers to any web-based or live session that has a defined delivery format (e.g., didactic lecture, hands-on workshop, live case), along with a specified venue and target audience. For instance, if your program includes:

- Didactic lectures for all participants on Friday and Saturday
- Hands-on workshops for physicians on Saturday
- Supplemental hands-on sessions for residents on Monday

Then three distinct activities must be entered to represent each component.

Delivery Format Section	Description of Field - Selections Available
Delivery Format Type	<i>Live, Online</i>
Delivery Format (available options dependent on Type selected in previous field)	Live - <i>Hands On Workshop, Lecture(s)/Didactic Session(s), Live Case(s)</i> Online - <i>Application (App) or Podcast, Online Education/Training Model, Online Posting/Archive, Online Symposium, Webcast/Live Online Program</i>
Are you seeking in-kind support from Olympus for this Activity?	<i>Yes/No</i>
Activity Start and End Dates	Because the Olympus Grants process can take up to 60 days, the start date of the program's first activity must be at least 60 days from the date of submission.
# of Speakers/Faculty Members	Number of speakers/faculty for this specific activity
Venue, Country, City, State/Province, Postal Code (required for Live activities)	<i>Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Suriname, United States, Uruguay, Venezuela, Other</i>
Program URL (optional)	Please start the URL with https://
Venue URL (optional for Live events)	Please start the URL with https://
Geographic Reach	<i>Local, Regional, National, International</i>
Audience Generation Tactics	Please list the ways that program will be advertised to participants.
Audience Group(s)	<i>Physicians, Registered Nurses, Nurse Practitioners, Physician Assistants, Patients, Technicians, Other</i>
Specialties	<i>Anesthesiology, Emergency Medicine, Family Medicine, Gastroenterology, Gynecology, Internal Medicine, Neurosurgery, Otolaryngology, Pediatrics, Pathology, Pediatrics, Respiratory, Sleep Medicine, Surgery-Colon & Rectal, Surgery-General, Surgery-Thoracic, Urology, Other, N/A</i>
# of Expected Learners	

Overview of the Budget Section

Before starting the budget section of your application, please ensure you have your complete program budget prepared. You may refer to the Application Guide (available in the Resources Section of our website) for additional support in understanding each budget category within the budget tool.

The Grants Committee expects to see all expenses associated with your program—not only those for which Olympus support is being requested. In this section, you will be required to provide a detailed, line-item budget that clearly outlines your total program costs and how the requested Olympus funds will be allocated.

As you enter expenses into the budget tool, the fields labeled “Total Program Costs” and “Requested Amount from Olympus” will update automatically. Remember to click “Save” after entering your data.

Important:

- Descriptive comments are required when selecting “Other.”
- Comments are also strongly encouraged for all other categories.
- All budget entries must be entered in U.S. Dollars (USD).

Budget Section	Description of Field - Selections Available
Please indicate other potential monetary supporters	Note: For programs seeking monetary grant support from Olympus, the Grants Committee requires that monetary support be sought from other industry partners.
Anticipated Revenue from Registrations	USD; if not applicable, enter zero
Anticipated Revenue from Grant Support	USD Inclusive of anticipated grant support from Olympus USD; if not applicable, enter zero
Anticipated Revenue from Sponsorship/Exhibit Support	USD; if not applicable, enter zero
Is there other anticipated revenue?	Yes/No
Anticipated Revenue - Other	If applicable, enter the estimated amount of additional revenue in USD
Please Specify Source of Revenue - Other	Please describe the origin of this additional revenue
Total Anticipated Revenue	This calculated value should reflect all anticipated revenue for the program.
Detailed Budget Section	Important Reminder: You must select SAVE to generate updated Total Proposed Program Costs and Total Amount Requested
Direct Program Costs	
Meeting Logistics	<i>Meeting Rooms, A/V Equipment - Rental & Labor, Device - Rental & Labor, Teleconference Costs, Congress/Association Costs, Onsite Meeting Support, Other</i>

Faculty and Staff Travel <i>Olympus grant support may not be allocated to health care professionals' travel, lodging, meals, or other personal expenses; however, these expenses must be included in the program budget if part of your overall costs.</i>	<i>Faculty Airfare, Faculty Mileage Reimbursement, Faculty Transportation, Faculty Hotel, Faculty Meals</i> <i>Staff Airfare, Staff Mileage Reimbursement, Staff Transportation, Staff Hotel, Staff Meals, Other</i> Detail is required: Avg. Cost per Item X Items per Person X Number of People
Honoraria <i>Olympus grant support may not be allocated to honoraria except in the case of fellowship stipends and benefits; however, these expenses must be included in the program budget if part of your overall costs.</i>	<i>Role (Chair, Co-Chair, Faculty, Fellow - Benefits, Fellow - Stipend, Peer Reviewer, Standardized Patient)</i> Detail is required: Hourly Rate X Number of Hours X Number of People
Meals <i>Olympus grant support may not be allocated to health care professionals' travel, lodging, meals, or other personal expenses; however, these expenses must be included in the program budget if part of your overall costs.</i>	<i>Meal (Breakfast, Lunch, Dinner, Breaks/Snacks, Other)</i> Detail is required: Cost per Item X Items per Person X Number of People
Direct Administrative Costs	
Account & Activity Management	<i>Logistics Management, Financial Management, Content Management, Audience Generation Management, Other</i>
Accreditation	<i>Accreditation Costs</i>
Content Development	<i>Creative, Editorial, Medical Writing, Other</i>
Outcomes	<i>Survey Development, Data Analysis/Report Generation, Outcomes Partner, Other</i>
Production and Shipping	<i>Web Development, Web Hosting, Web Maintenance, Design, Printing and Production, Shipping and Postage, Design, Printing and Production, Audience Generation, Other</i>
General Administrative Overhead/Indirect Overhead	
General Administrative Overhead	<i>Facilities and Administration, Indirect Overhead, Other</i>
Total Proposed 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.
Total Amount Requested	Represents the specific portion of program costs for which Olympus support is being sought.
Documents	Description
Detailed Agenda	Agenda must include hour by hour detail of the content to be presented.
Invitation/Flyer/Marketing Material	Sample of the program's marketing collateral
Letter of Request	Upload a formal letter on your organization's letterhead that describes the program and requested support from Olympus

W-9 (U.S. Organizations only)	Form must be complete, signed, and dated within the past two years. Blank form available at https://www.irs.gov/pub/irs-pdf/fw9.pdf
In-Kind Support Form	For in-kind support, you must download the In-Kind Support Form template in the Resources Section of our website. An Olympus Product Support Form is required; alternative forms will not be accepted. Requests submitted with incomplete forms will not be reviewed.
List of Board of Directors (for programs taking place in Latin America)	Document that provides the full names, titles, and roles of all members serving on your organization's Board of Directors (or equivalent governing body). This list should reflect the current leadership and governance structure of your organization.
Detailed Budget (optional)	This is required for In-kind only requests
Learning Objectives (optional)	
Needs Assessment (optional)	A high level summary of the knowledge and practice gaps on which the educational objectives are based
Outcomes Measurement Plan (optional)	
Agreement & Submission	Description
Agreement	Requestor must agree to Olympus grant terms (e.g., incomplete submissions (including incomplete Product Support Forms) will be considered ineligible; Olympus Compliance Commitment terms; Olympus sales/marketing personnel should not be contacted regarding grants)
Save and Close	Select Save and Close and then you will be prompted to Submit the application
Submit	Upon clicking Submit, the request will be submitted and the status bar at the top of the application will move to Under Review Status in the left-side menu. You will receive an email confirmation with more information on next steps. If you do not receive a confirmation email, contact grants-americas@olympus.com or 484-896-3939

Olympus Medical Grants Portal

North America & Latin America



FELLOWSHIP GRANT SUBMISSION CHECKLIST

Items are required unless otherwise noted

Organization Information	Description of Field - Selections Available
Organization Name	This field will automatically populate based on the details provided during Registration. If you registered for more than one organization, you will be able to select which organization this application is for from a drop-down list.
Department (do not update)	No Action Required - this field will automatically populate based on the details provided during Registration.
Primary Contact	This field should typically be the individual completing the application. This is who we will contact with any questions regarding the application. If appropriate, you may select a different Primary Contact from the list of individuals associated with the organization. If the Primary Contact is not listed, click Add New to open a window where you can enter their information.
Primary Signatory	Select or provide information for the the individual authorized to enter into a contract with Olympus should the Grant be approved. To add a Primary Signatory: click Add New and complete the required fields.
Additional Contact (not required)	If another individual will assist you in completing portions of this application, please enter their information in the Additional Contact field.
General Information	Description of Field - Selections Available
Country where program is held	<i>United States, Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Suriname, Uruguay, Venezuela, Other</i>
Therapeutic Area	<i>Anesthesiology, Bariatrics, Colorectal Surgery, ENT, Gastroenterology, General Surgery, Gynecology, Pulmonology, Thoracic Surgery, Urology, Other.</i>
Program Title	This should match the title you use when advertising the program. Do not add additional general descriptions.

Program Summary	A high-level summary of your program (up to 1000 characters); a formal Letter of Request must be attached later, but completing this field is required and should provide a concise overview
Amount Requested from Olympus	US Dollars (USD) is the default currency and cannot be changed.
Program Start Date	Because the Olympus Grants process can take up to 60 days, this date must be at least 60 days from the date of submission. It must be on or before the start date of the program's first activity
Program End Date	
Needs Assessment Summary	Please provide a high level summary of the educational gap(s) this program will address. This should answer the question "Why is this program needed?"(up to 1000 characters)

Overview of the Delivery Format Section: Use this section to specify key details of the fellowship, including the start and end dates of the fellowship period and the total number of participating learners.

Please note Olympus does not currently support clinical fellowships coordinated by universities, medical schools and/or teaching hospitals.

Delivery Format Section	Description of Field - Selections Available
Delivery Format Type	<i>Live (this field is pre-populated for all fellowship requests)</i>
Delivery Format	Medical Society Administered Fellowship (this field is pre-populated for all fellowship requests)
Activity Start and End Dates	The activity start and end dates must be between the program start and end dates identified in the application
Program URL (optional)	Please start the URL with https://
Geographic Reach	Local, Regional, National, International
Audience Generation Tactics	Please list the ways that program will be advertised to participants.
# of Expected Learners	

Overview of the Budget Section

As you enter expenses into the budget tool, the fields labeled “Total Program Costs” and “Requested Amount from Olympus” will update automatically. Remember to click “Save” after entering your data.

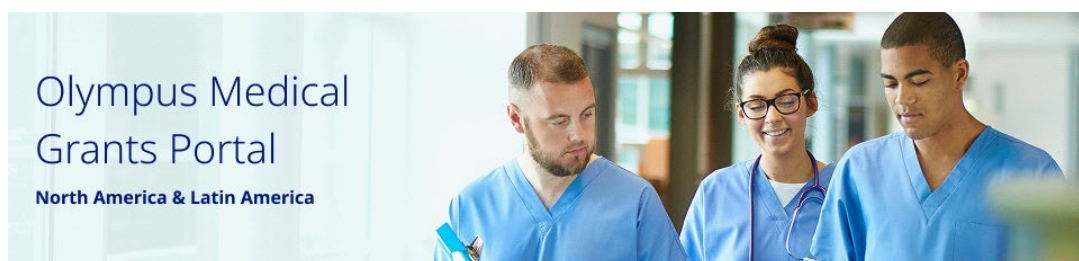
Important:

- Descriptive comments are required when selecting “Other.”
- Comments are also strongly encouraged for all other categories.
- All budget entries must be entered in U.S. Dollars (USD).

Budget Section	Description of Field - Selections Available
Please indicate other potential monetary supporters	If you are seeking support from other industry partners for the program, please list the names of those organizations in this field
Anticipated Revenue from Grant Support	USD
Is there other anticipated revenue?	Yes/No
Anticipated Revenue - Other	If applicable, enter the estimated amount of additional revenue in USD
Please Specify Source of Revenue - Other	Please describe the origin of this additional revenue
Total Anticipated Revenue	This calculated value should reflect all anticipated revenue for the program.
Detailed Budget	Important Reminder: You must select SAVE to generate updated values for the Total Proposed Program Costs and Total Amount Requested
Direct Program Costs	
Fellow Stipends	<i>Salary Stipend, Benefits Stipend, Other</i> Detail is required: Avg. Cost per Item X Items per Person X Number of People
Direct Administrative Costs	
Fellowship Program Management	<i>Fellowship Coordinator, Financial Management, Application Management & Review, Administrative Fee, Other</i>
Indirect Overhead	
General Administrative Overhead	<i>Facilities and Administration, Indirect Overhead, Other</i> Not eligible for Olympus support

Total Proposed 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.
Total Amount Requested	Represents the specific portion of program costs for which Olympus support is being sought.
Documents	Description
Detailed Agenda	This can be a high-level overview of what the fellow would be exposed to, what a typical week might look like, types and volumes of procedures the fellow would be exposed to, etc. If not covered in a separate document, it can also include details of the program requirements, selection criteria, time spent on clinical vs. research, and other relevant details.
Invitation/Flyer/Marketing Material	This can be a copy of the type of email communications made to directors and applicants about match, or content from a match website.
Letter of Request	This document should include a description of organization's past/current match activities; Persuasive appeal for why this type of fellowship should be supported and how it aligns with Olympus' stated priorities; Highlight the potential impact it would have on education, underserved regions, and improving patient outcomes; Provide details of the program requirements, selection criteria, anticipated types and quantities of procedures performed, time spent on clinical vs. research, etc.
W-9 (U.S. Organizations only)	Form must be complete, signed, and dated within the past two years. Blank form available at https://www.irs.gov/pub/irs-pdf/fw9.pdf
Additional Document (optional)	This can be any additional documents that cover details not captured in the Letter of Request, Agenda and Marketing Materials. These can be related to selection methodology, evaluation criteria (i.e. evaluation rubric), etc.
Detailed Budget (optional)	This document should include detailed allocation of expenses related to items such as stipend costs, overhead costs, marketing costs, etc.
Learning Objectives (optional)	
Needs Assessment (optional)	A high level summary of the knowledge and practice gaps on which the educational objectives are based
Outcomes Measurement Plan (optional)	
Agreement & Submission	Description
Agreement	Requestor must agree to Olympus grant terms (e.g., incomplete submissions (including incomplete Product Support Forms) will be considered ineligible; Olympus Compliance Commitment terms; Olympus sales/marketing personnel should not be contacted regarding grants)

Save and Close	Select Save and Close and then you will be prompted to Submit the application
Submit	Upon clicking Submit , the status bar at the top of the application will move to Under Review Status in the left-side menu. You will receive an email confirmation with more information on next steps. If you do not receive a confirmation email, contact grants-america@olympus.com or 484-896-3939



HRCC GRANT SUBMISSION CHECKLIST

Items are required unless otherwise noted

Organization Information	Description of Field - Selections Available
Organization Name	This field will automatically populate based on the details provided during Registration. If you registered for more than one organization, you will be able to select which organization this application is for from a drop-down list.
Department (do not update)	No Action Required - this field will automatically populate based on the details provided during Registration.
Primary Contact	This field should typically be the individual completing the application. This is who we will contact with any questions regarding the application. If appropriate, you may select a different Primary Contact from the list of individuals associated with the organization. If the Primary Contact is not listed, click Add New to open a window where you can enter their information.
Primary Signatory	Select or provide information for the the individual authorized to enter into a contract with Olympus should the Grant be approved. To add a Primary Signatory: click Add New and complete the required fields.
Additional Contact (not required)	If another individual will assist you in completing portions of this application, please enter their information in the Additional Contact field.
General Information	Description of Field - Selections Available
Country where program is held	<i>United States, Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Suriname, Uruguay, Venezuela, Other</i>
Therapeutic Area	<i>Anesthesiology, Bariatrics, Colorectal Surgery, ENT, Gastroenterology, General Surgery, Gynecology, Pulmonology, Thoracic Surgery, Urology, Other.</i>
Organization Description	The information you provided when you registered will automatically display. If this information is incorrect please update it on your Organization record.
Geographic Focus of Organization	<i>Local, Regional, National, International</i>
Organization's Annual Operating Budget	

Program Title	This should match the title you use when advertising the program. Do not add additional general descriptions.
Program Summary	A high-level summary of your program (up to 1000 characters); a formal Letter of Request must be attached later, but completing this field is required and should provide a concise overview
Support Requested from Olympus	<i>Monetary, In-Kind, Monetary and In-Kind</i>
Amount Requested from Olympus	US Dollars (USD) is the default currency and cannot be changed.
Program Start Date	This date must be at least 60 days from today's date.
Program End Date	
Describe Intended Impact	Please provide a high level summary of intended impact of this program and/or why this program is needed.
Venue Name	(If applicable)
City	(If applicable)
State/Province	(If applicable)
Postal Code (ZIP)	(If applicable)
Program URL	
Venue URL	
Geographic Focus of Request	<i>Local, Regional, National, International</i>
Documents	Description
Request/Proposal	
List of Board of Directors	Document that provides the full names, titles, and roles of all members serving on your organization's Board of Directors (or equivalent governing body). This list should reflect the current leadership and governance structure of your organization.
W-9 (U.S. Organizations only)	Form must be complete, signed, and dated within the past two years. Blank form available at https://www.irs.gov/pub/irs-pdf/fw9.pdf
Additional Document (optional)	This can be any additional documents that cover details not captured in the Letter of Request, Agenda and Marketing Materials. These can be related to selection methodology, evaluation criteria (i.e. evaluation rubric), etc.
Agreement & Submission	Description
Agreement	Requestor must agree to Olympus grant terms (e.g., incomplete submissions (including incomplete Product Support Forms) will be considered ineligible; Olympus Compliance Commitment terms; Olympus sales/marketing personnel should not be contacted regarding grants)
Save and Close	Select Save and Close and then you will be prompted to Submit the application
Submit	Upon clicking Submit , the request will be submitted and the status bar at the top of the application will move to Under Review Status in the left-side menu. You will receive an email confirmation with more information on next steps. If you do not receive a confirmation email, contact grants-america@olympus.com or 484-896-3939