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Olympus Medical
Grants Portal

North America & Latin America

Registration Guide
How to Create a User Account

ⓘ Important Information

- The Olympus Medical Grants Portal accepts grant applications for eligible healthcare 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. This Registration Guide provides step-by-step instructions to create your account.

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

- For step-by-step instructions for creating a request in our system, download our <u>Application Guide</u>.

- 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.

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Quick Checklist

To complete a Registration, you will need:

- ✓ A working email address you can access.
- ✓ Organization details (legal name, EIN/Tax ID if applicable)
- ✓ A phone number and job title for your user profile.
- ✓ Ability to receive email (registration confirmation / password setup).

Reminder: Registration is only the first step in the process. You must complete your account setup before you can submit grant requests.

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Creating an Account

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Medical Grants Portal: Americas & Interregional

Login (all fields required)

Username

Password

Sign in

Forgot Password?

1 ENGLISH: Click to view detailed instructions

- Click **Register** to create a new account.
- If you already have an account, sign in using your username and password under **Login**.
- If you have forgotten your password, click the **Forgot Password?** button to reset it.

2 Register

ESPAÑOL: Haga clic para ver instrucciones detalladas

PORTUGUÊS (BR): Clique para ver as instruções detalhadas

Tip: Do you really need to create a new user account or did you just forget your password?
To request a password, click the Forgot Password button

1) To create a user account, begin by selecting your Preferred Language on the right side of the window

2) Click the **Register** button.

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Organization's Information Section

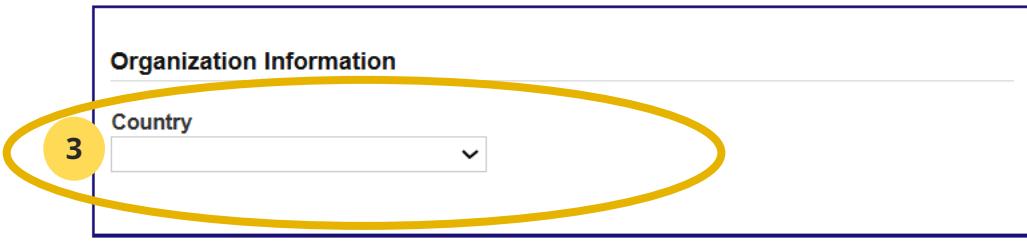**OLYMPUS**

Medical Grants Portal: Americas & Interregional

Required fields are in bold

Please complete the below form fields for your system registry.

Organization Information

(3) Country [▼]

3) From the drop-down, select the Country where your Organization is located.

4) Complete the Organization's information

Please complete the below form fields for your system registry.

(4) **Organization Information**

Country
[United States ▼]

GuideStar Profile Lookup
[   ] Search
US organizations may use the GuideStar lookup above to complete the fields below. Or you may enter the information manually into the fields.

Organization Legal Name
[   ]
*Please enter your organization's legal
government.*

Alternative Organization Name or Acro
[   ]
*If your organization does business und   enter that
information.*

Tip: United States- based organizations may use the GuideStar lookup to complete the relevant fields. Please see the next page for instructions.

GuideStar Look Up: U.S.-based Organizations only

Required fields are in bold

Please complete the below form fields for your system registry.

Organization Information

Country
United States ▼

GuideStar Profile Lookup
Mayo Clinic   Search

US organizations may use the GuideStar lookup above to complete the fields below. Or you may enter the information manually into the fields.

Organization Legal Name

This field is required.

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

7) The system automatically queries GuideStar's database and displays a list of matching organizations.

Select your organization from the list of search results.

Once selected, the form will auto-fill with verified details such as the official name, address, and EIN.

GuideStar Database

Showing 30 of 4698 results. Click here to view full results
Select your organization

Mayo Clinic
Rochester MN 55905
41-6011702
http://WWW.MAYOCLINIC.ORG

Mayo Clinic
MN 55905

5) Type your organization's Tax ID or Organization's name into the GuideStar Profile Lookup field.

6) Click Search.
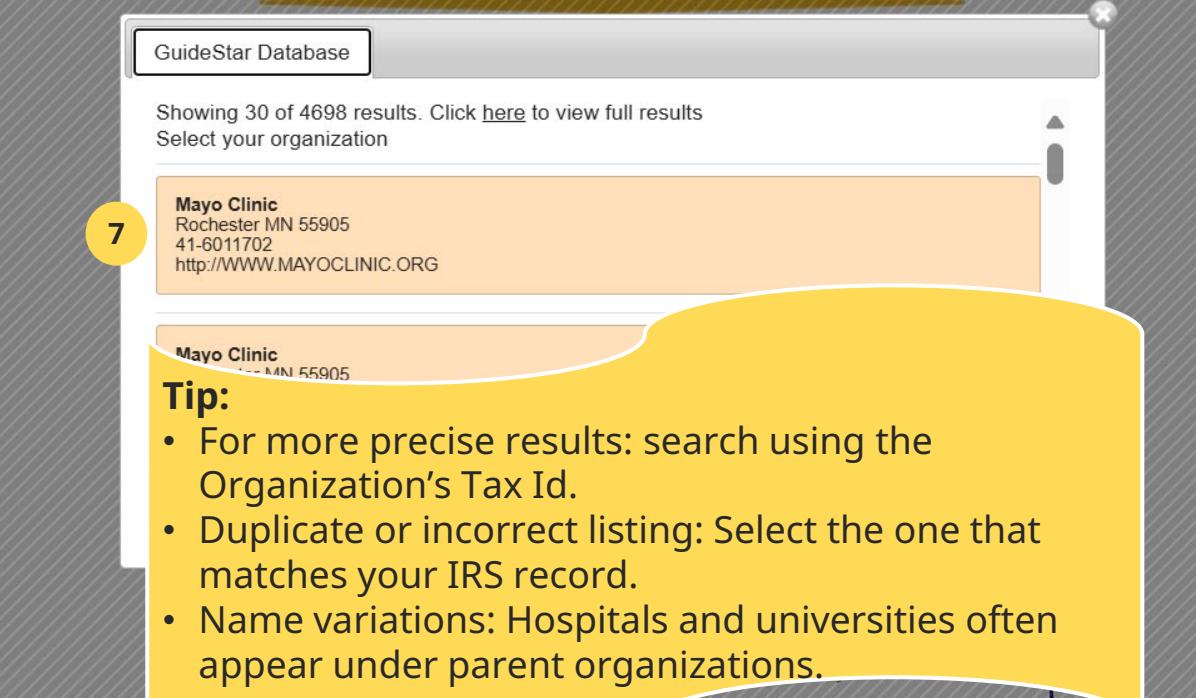
Tip:
- For more precise results: search using the Organization's Tax Id.
- Duplicate or incorrect listing: Select the one that matches your IRS record.
- Name variations: Hospitals and universities often appear under parent organizations.

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Confirm Organization's Information and Enter Missing Fields

GuideStar Profile Lookup

Mayo Clinic   Search

US organizations may use the GuideStar lookup above to complete the fields below. Or you may enter the information manually into the fields.

Organization Legal Name

Mayo Clinic

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 1

200 1st St SW

Street Address 2

City

Rochester

State/Province

Postal Code (Zip)

55905

Tax ID / EIN

41-6011702

Tax Status

501(c)(3)

Only designated non-profit organizations are eligible to register.

Website

8) Review and confirm the pre-filled information.

If your organization doesn't appear in the US lookup:
- Confirm that your is registered with the IRS and listed on GuideStar.org.
- If it's brand new or international, you may need to manually enter your organization information

9) Ensure that you select the State/ Province field as this will not be pre-populated.

10) Enter the organization's website and Organization's Description

Website

www.mayo.com

Organization Description

Mayo Clinic Health System is a family of clinics, hospitals and other health care facilities with physical presence in 39 communities in four regions in Minnesota and Wisconsin. We serve more than 600,000 patients each year in facilities ranging from large regional medical centers with hospitals to rural primary care clinics

Characters left for field: 174

Please describe the mission of your organization. If your organization has a specific expertise, please list it here.

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Contact Information Section

Primary Contact Information

Prefix
Dr.

First Name
John

Last Name
Smith

Business Role
Requestor

Email
john.smith@mayo.com

Primary Phone
484-000-0000

Secondary Phone
484-000-0000

Secondary Contact Prefix
Dr.

Secondary Contact Name
Michael

Secondary Contact Phone
Jones

Secondary Contact Email
abcd@gmail.com

11) Provide complete information for both the primary and secondary contacts of the organization.

The email address of the primary contact is especially important, as it will serve as the username for account setup.

Important: All required fields are indicated in bold. This form does not support saving drafts—please ensure all fields are filled and submitted in a single session.

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Submit Registration

Errors were found. Error messages are displayed near each form field below.

health care facilities with physical presence in 39 communities in four regions in Minnesota and Wisconsin. We serve more than 600,000 patients each year in facilities ranging from large regional medical centers with hospitals to rural primary care clinics

Characters left for field: 174
Please describe the mission of your organization. If c please list it here.

Tip: If any fields are filled out incorrectly or left incomplete, an error message will appear at the top of the screen. Look for red text indicating which fields need your attention and make the necessary corrections before submitting.

Secondary Contact Prefix
Dr.

Secondary Contact Name
Michael

Secondary Contact Phone
Jones

Secondary Contact Email
abcd@gmail.com

Requestor

Email
This field is required.

Primary Phone
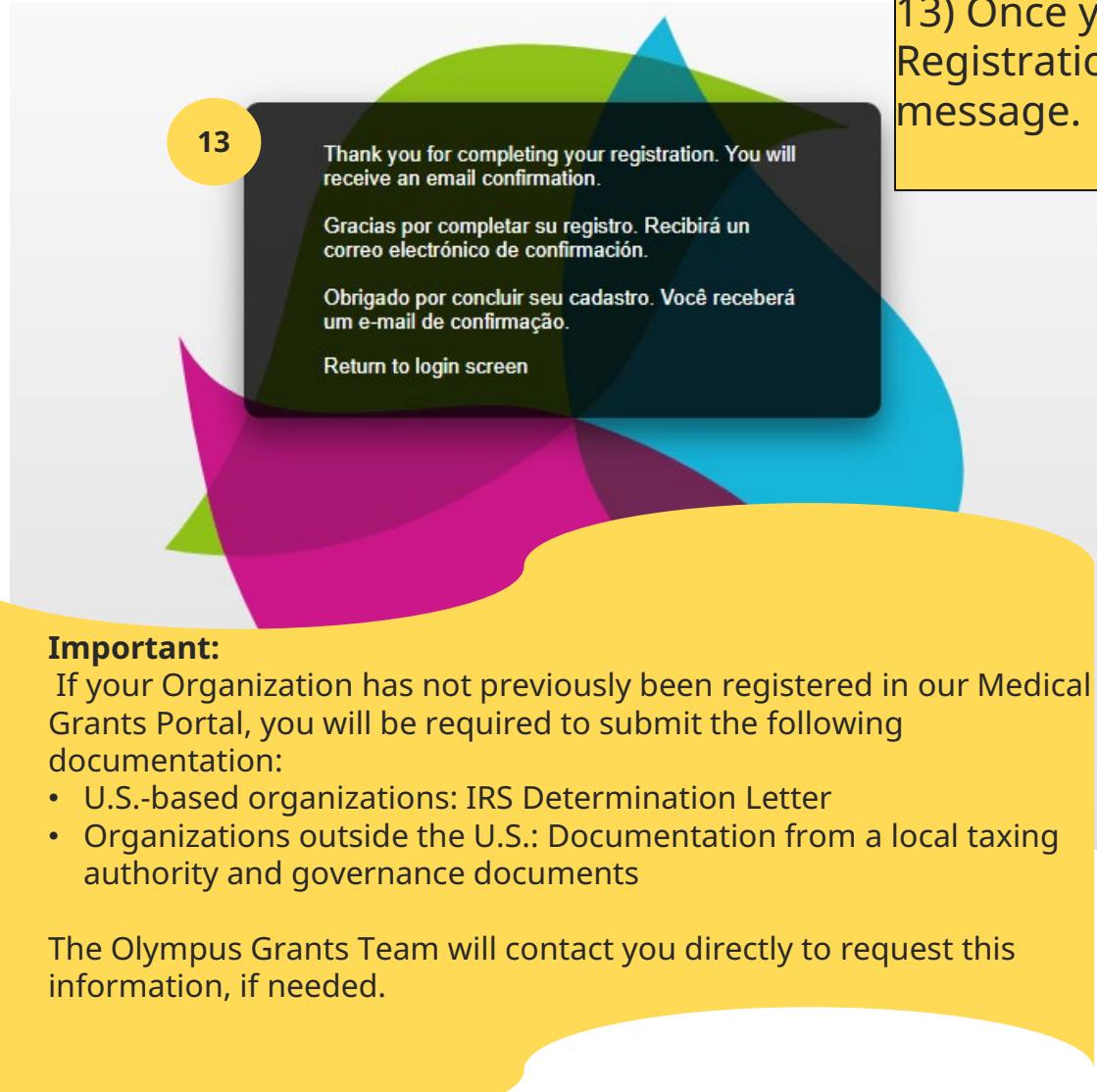484-000-0000

Secondary Phone
484-000-0000

Secondary Contact Prefix
Dr.

Secondary Contact Name

Secondary Contact Phone
This field is required.

Secondary Contact Email
This field is required.

12) Once all fields are entered, click Submit Request.

12 ncel   Submit Request

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Confirmation Screen

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Thank you for completing your registration. You will receive an email confirmation.

Gracias por completar su registro. Recibirá un correo electrónico de confirmación.

Obrigado por concluir seu cadastro. Você receberá um e-mail de confirmação.

Return to login screen

13) Once you have successfully submitted your Registration request, you will see a confirmation message.

Important:
 If your Organization has not previously been registered in our Medical Grants Portal, you will be required to submit the following documentation:
- U.S.-based organizations: IRS Determination Letter
- Organizations outside the U.S.: Documentation from a local taxing authority and governance documents

The Olympus Grants Team will contact you directly to request this information, if needed.

What Happens Next

- After submitting your registration, you will receive an email from Olympus Corporations of the Americas, 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.
- Follow the instructions outlined on the email.
- If you do not receive this email within that timeframe, please check your spam or junk folder. If it's not there, contact grants-americas@olympus.com for assistance.
- **After** your account is set up, you'll be able to log in and begin submitting grant applications.

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Questions?

Olympus Grants Team- Americas

grants-americas@olympus.com

+1-484-896-3939

www.olympusamerica.com/grants

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