



## 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.

*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.

### Educational Grant 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; also clinical fellowships for healthcare professionals coordinated by medical societies.

### Advocacy Grant Request Checklist

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.

### Donation Grant Request Checklist

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

**Americares**, our philanthropic partner, in support of mission trips and philanthropic patient care in the Americas. The OCA Grants Committee will not consider requests for this type of support from other groups.

**Medical 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.

**Not eligible for support:** Mission trips and philanthropic patient care organized by groups other than Americares; charitable contribution requests from individual health care professionals, hospitals, medical schools, or similar entities to support capital campaigns or fundraising activities such as galas, and golf outings.

Complete program eligibility information will regularly be updated at [www.olympusamerica.com/grants](http://www.olympusamerica.com/grants)

Updated April 2023



## GRANT REGISTRATION CHECKLIST

Items are required unless otherwise noted

Organization Information Tab Fields	Description of Field or Options Available for Selection
Country	<i>Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Suriname, United States, Uruguay, Venezuela, Other</i>
Tax ID	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)
Organization Legal Name	Official name of your organization as reflected on your tax documentation. Do not include DBA
Are you part of a larger organization, such as a parent or nonprofit umbrella group?	If yes, Parent Organization Legal Name, Organization Address, Tax ID are required. Chapter/Branch/Department (if applicable)
Organization Type	<i>Academic Institution, Academic/Teaching Hospital, Civic Organization, Community Hospital, Healthcare Professional Organization, Medical Education Company, Medical Society/Association, National/Regional Association, Patient Advocacy Organization, Private Hospital, Public Hospital, Scientific Association, University/College, Other, Call 484-896-3939 if type not found</i>
Tax Status	<i>501c3, 501c6, Other Non-Profit</i> - <b>Note:</b> You must be a qualified non-profit in order to apply for a grant. 501c3 and 501c6 are for use by United States organizations only.
Organization Description	Mission statement and/or description of specific expertise (limit 500 characters)
Organization's Signed W-9 Form <b>(US organizations only)</b>	<b>Form must be complete, signed, and dated within the past two years.</b> Blank form available at <a href="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a>
Organization's IRS Determination Letter <b>(US organizations only)</b>	If you indicate that your organization is a 501c3 or 501c6, you are required to upload documentation of your organization's federal tax exemption. Contact your organization's development or grants office to obtain a copy
Relevant Taxing Authority Document <b>(all countries other than US)</b>	Upload documentation from the appropriate taxing authority that certifies the Tax ID entered above.
Organization's Governing Documents <b>(all other countries other than US and Canada)</b>	Upload your organization's governing documents, bylaws and/or charter.
Organization Address Tab Fields	Description of Field or Options Available for Selection
Street Address, City, State/Province, Postal Code	For organizations with multiple departments/locations, this address should reflect your specific department/location
Website URL (if applicable)	
Is your organization accredited?	If yes, select Accrediting Bodies: <i>AACP, AAFP, AAN, AANP, AAPA, ACCME, ACCP, ACPE, AMA, AMCP, ANCC, AOA, APHA, ASCP, NAPNAP, RSPSC, N/A, Other</i> and upload copies of accreditation certificates

**How long has your organization been in business? (optional)**

(years)

User Information Tab Fields	Description of Field or Options Available for Selection
<b>Email and Desired Password</b>	In our system, an email address may be associated with only <u>one</u> organization or <u>one</u> user role (Requestor, Authorized Signer, etc.). Password must be 8-12 characters.
<b>Title, First Name, Last Name, Business Role</b>	
<b>Primary &amp; Secondary Phone (required), Fax (optional)</b>	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
<b>Secondary Contact Name &amp; Email (required), Phone (optional)</b>	An alternate professional contact to be used for urgent matters if you cannot be reached
<b>Do you have the legal authority to sign the Letter of Agreement from Olympus (if an award is made)?</b>	Are you authorized to enter into legal contracts on behalf of your organization? If no, provide contact information for the Authorized Signer. <b>Authorized Signer will be contacted directly by Olympus should an award be made. Please alert signer that he/she was designated</b>
Compliance Commitment Tab Fields	Description of Field or Options Available for Selection
<b>Olympus Compliance Commitment</b>	Requestors must review and agree to all terms of the Olympus Compliance Commitment



## EDUCATIONAL GRANT SUBMISSION CHECKLIST

Items are required unless otherwise noted

General Information Tab Fields	Description of Field - Selections Available
Country where program is held?	<i>Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, 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 Type	<i>Health Care Professional Education, Patient Education, Clinical Fellowship</i>
Therapeutic Area	<i>Anesthesiology, Bariatrics, Colorectal Surgery, ENT, Gastroenterology, General Surgery, Gynecology, Pulmonology, Thoracic Surgery, Urology, Other.</i>
Disease State/Treatment	At this time, users must select the <i>[Therapeutic Area] - Other</i> option
Program Title	Title or name of your educational program
Program/Activity Description	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 US and Canada are eligible for <i>Financial; Product - Olympus</i> , and <i>Product - Spiration</i> . Events in Puerto Rico, Mexico and Brazil are eligible for <i>Financial</i> and <i>Product as well as short-term product support for Gastroenterology programs available in Chile, Colombia, and Argentina - Olympus</i> only. Events in other Latin American countries are eligible for <i>Financial</i> . Financial and Product requests should be submitted in one application.
Grant Decision Needed by 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
Currency	US Dollars (USD) is the default currency and cannot be changed.
Amount Requested from Olympus	Dollar amount requested from Olympus (USD); if no financial support is sought, enter zero
Total Program Costs	This value should reflect <u>all</u> anticipated expenses for the overall program, <u>not</u> limited to the portion/sessions of the program for which Olympus support is sought (USD)
Is other financial support being sought for this program? (if applicable)	If yes, please describe potential sources of financial support
Name of Organization's financial institution where Olympus' financial support would be deposited. (Latin American countries only)	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.
Which of the following best describes how any financial support provided by Olympus would be deposited? (Latin American countries only)	<i>Funds deposited into 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</i>
Is product support being sought from other sources for this program? (if applicable)	If yes, please describe potential sources of product support

<b>Anticipated Revenue from Registrations</b>	(USD); if not applicable, enter zero
<b>Anticipated Revenue from Grant Support</b>	Inclusive of anticipated grant support from Olympus (USD); if not applicable, enter zero
<b>Anticipated Revenue from Sponsorship/Exhibit Support</b>	(USD); if not applicable, enter zero
<b>Anticipated Revenue - Other</b>	(USD); if not applicable, enter zero
<b>Total Anticipated Revenue</b>	This field will calculate from the four revenue fields above
<b>Is your organization (or parent organization) on the United States CMS "Open Payments List of Teaching Hospitals?"</b>	Organizations in the United States and Puerto Rico must check the current CMS Teaching Hospitals list (link available on this page) and respond appropriately. All others, select "No."
<b>Request Information Tab Fields</b>	<b>Description of Field - Selections Available</b>
<b>Needs Assessment Summary</b>	A high level summary of the knowledge and practice gaps on which the educational objectives are based (up to 1000 characters)
<b>Competencies that will be achieved by request</b>	<i>Interpersonal and Communications Skills, Medical Knowledge, Patient Care, Practice-Based Learning, Professionalism, System-Based Practices, Technical Skills</i> (select all that apply) Descriptions of the ACGME competencies are at <a href="http://www.ecfm.org/echo/acgme-core-competencies.html">http://www.ecfm.org/echo/acgme-core-competencies.html</a>
<b>Are you partnering with an outcomes company?</b>	If yes, name outcomes partner
<b>Educational Objectives</b>	Add an entry for each specific educational goal (up to 255 characters each)

On the **Delivery Format** tab you will be required to add an entry for each activity associated with your program (not limited to the specific activities for which Olympus support is sought). Every item in your program agenda should be represented on this page.

An "activity" is a web or live program with a specific Delivery Format (e.g., didactic session, hands on workshop, live case), venue, and audience. **For example, if the program has Friday and Saturday didactic lectures for all participants, Saturday hands on workshops for physicians, and Monday supplemental hands on sessions for residents, three Activities must be entered.**

Delivery Format Tab Fields	Description of Field - Selections Available
<b>Delivery Format Type</b>	<i>Live, Web</i>
<b>Delivery Format (available options dependent on Type selected in previous field)</b>	<b>Live</b> - <i>Hands On Workshop, Lecture(s)/Didactic Session(s), Live Case(s), Satellite Symposium, Symposium, Research Conference, Medical Society Administered Clinical Fellowship</i> <b>Web</b> - <i>Application (App) or Podcast, Online Symposium, Online Education/Training Module, Online Posting/Archive, Webcast/Live Online Program</i>
<b># of Speakers/Faculty Members</b>	Number of speakers/faculty for this specific activity
<b>Activity Start and End Dates</b>	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.
<b>Web URL (optional)</b>	Webpage displaying program details and/or registration
<b>Venue, Country, City, State/Province, Postal Code (required for Live activities)</b>	
<b>Venue URL (optional)</b>	Webpage for the physical venue (e.g., hotel, conference center) where live program will be held
<b>Geographic Reach</b>	<i>Local, Regional, National, International</i>
<b>Audience Generation Tactics</b>	Free text response (e.g., two email blasts to 25,000 recipients, JAMA advertisement)
<b>Are you seeking product support from Olympus for this activity? (if applicable)</b>	<i>Yes/No</i> <b>Note:</b> This question is only shown if your event is eligible for Product support.
<b>If Yes, upload a completed Product Support Form (if applicable)</b>	Click on the link on this page (also below) and click the "Product Request Form" tile to access the Olympus Product Support Form. Save the form locally to your computer and complete all required fields. (Don't forget to save again!) Upload a completed form for each activity for which Olympus product support is requested.  <a href="https://olympusamerica.com/independent-medical-microscopy-education-north-america#anchor-link-content-2932">https://olympusamerica.com/independent-medical-microscopy-education-north-america#anchor-link-content-2932</a>  <b>An Olympus Product Support Form is required; alternative forms will not be accepted. Requests submitted with incomplete forms will not be reviewed.</b>
<b>Audience Group</b>	<i>Physicians, Registered Nurses, Nurse Practitioners, Physician Assistants, Patients, Microscopists, Other</i>

<b>Specialty</b>	<i>Anesthesiology, Emergency Medicine, Family Medicine, Gastroenterology, Gynecology, Internal Medicine, Otolaryngology, Pathology, Pediatrics, Pulmonology, Sleep Medicine, Surgery-Colon &amp; Rectal, Surgery-General, Surgery-Thoracic, Urology, Other, N/A</i>
<b>Category of Credit</b>	<i>AACP, AAFP, AAN, AANP, AAPA, ACCME, ACCP, ACPE, AMA, AMCP, ANCC, AOA, APhA, ASCP, NAPNAP, RSPSC, N/A, Other</i>
<b>CE/CME Credit Hours for Category</b>	Number of credit hours available for this specific activity
<b># of Invitations Expected to be Distributed</b>	
<b># of Expected Learners</b>	
<b># of Learners Expected to Receive Credit</b>	

The **Budget** tab will display two values entered on the General Information tab: Total Program Costs (from previous page) and Requested Amount from Olympus (from previous page). You will be required to build a line item budget detailing your overall program expenses/costs and how you will allocate the funds you request from Olympus.

As you enter expenses into the budget tool, the fields labeled Total Program Costs (calculated from tabs below) and Requested Amount from Olympus (calculated from tabs below) will automatically update. **IMPORTANT- Enter expenses into the budget tool until the calculated values accurately equal the values you entered on the General Information tab.**

Your complete program expenses should be represented in the budget, not limited to the budget categories for which Olympus support is requested.

Descriptive Comments are required if the category Other is used. Comments are strongly encouraged for all fields. Entries must be made in US Dollars (USD)

<b>Budget Tab Fields</b>	<b>Description of Field - Selections Available</b>
<b>Account &amp; Activity Management</b>	<i>Logistics Management, Financial Management, Content Management, Audience Generation Management, Other</i>
<b>Accreditation Costs</b>	<i>Accreditation Costs</i>
<b>Content Development</b>	<i>Creative, Editorial, Medical Writing, Other</i>
<b>Faculty and Staff Travel</b> 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>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
<b>Honoraria</b> 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.	Detail is required:  Role ( <i>Chair, Co-Chair, Faculty, Fellow - Benefits, Fellow - Stipend, Peer Reviewer, Standardized Patient</i> )  Hourly Rate X Number of Hours X Number of People



<b>Meals</b> 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.	Detail is required:  Meal ( <i>Breakfast, Lunch, Dinner, Breaks/Snacks, Other</i> )  Cost per Item X Items per Person X Number of People
<b>Meeting Logistics</b>	<i>Meeting Room(s), A/V Equipment - Rental &amp; Labor, Device - Rental &amp; Labor, Teleconference Costs, Congress/Association Costs, Onsite Meeting Support, Other</i>
<b>Outcomes</b>	<i>Survey Development, Data Analysis/Report Generation, Outcomes Partner, Other</i>
<b>Production and Shipping</b>	<b>Live Activies</b> - <i>Design, Printing, &amp; Production; Shipping &amp; Postage; Audience Generation; Other</i> <b>Web Activities</b> - <i>Development, Hosting, Maintenance, Audience Generation, Design, Printing, &amp; Production, Other</i>
<b>Document Upload Tab</b>	<b>Description of Field - Selections Available</b>
<b>Is the current W-9 in your profile up to date?</b>	<b>US Organizations:</b> Click on the link provided to view the W-9 in your profile. Make sure it has been signed and dated within the last two (2) years. If it's out of date, select <i>No</i> and upload a new W-9.  <b>Non-US organizations:</b> Select <i>N/A - Non US</i>
<b>Is the current IRS Letter of Determination in your profile up to date?</b>	<b>US Organizations (501c3 or 501c6):</b> Click on the link provided to view the IRS letter in your profile. Make sure it has the current name of your organization and captures your current tax status. If it's out of date, select <i>No</i> and upload a new IRS Letter of Determination.  <b>Other Non-Profit Organizations:</b> Select <i>N/A - Non US</i>
<b>Is the current Accreditation Certificate in your profile up to date?</b>	<b>Accredited Organizations:</b> Click on the link provided to view the Accreditation Certificate(s) in your profile. Make sure none are expired. If any are out of date, select <i>No</i> and upload a new certificate.  <b>Non-Accredited Organizations:</b> Select <i>N/A - Non US</i>
<b>Detailed Agenda</b>	For live educational events, the agenda provided must include hour by hour detail of all the content to be presented.
<b>Letter of Request</b>	Upload a formal letter on your organization's letterhead that describes the program and requested support from Olympus
<b>Invitation/Flyer/Marketing Material</b>	Sample of the program's marketing collateral
<b>Learning Objectives</b> (optional)	
<b>Detailed Budget</b> (optional)	
<b>Needs Assessment</b> (optional)	
<b>Outcomes Measurement Plan</b> (optional)	
<b>Product and Logistics Details</b> (optional)	List or configuration of specific Olympus/Spiration products desired; set up and delivery details; workshop layout; information to assist Olympus with creation of product list
<b>Relevant Taxing Authority Document</b> (required for all countries other than US and Canada)	Please provide a document from the appropriate taxing authority that certifies the Tax ID for your organization.
<b>Organization's Governing Documents</b> (required for all countries other than US and Canada)	Upload your organization's governing documents, bylaws and/or charter.
<b>Additional Document Upload Fields</b> (optional)	Additional fields are available to name and attach documents of your choice
<b>Accreditation Details Tab</b>	<b>Description of Field - Selections Available</b>

<b>Is the program accredited?</b>	Yes/No
<b>Is your organization the accreditor?</b>	If <b>Yes</b> , identify which of your organization's accreditations apply to this program and upload a current copy of the accreditation certificate. If <b>No</b> , provide the Accreditor Organization Name, Accrediting Body, Contact Person Name, Contact Person Email, Address, and Phone Number. You will also need to upload a current copy of the Organization's accreditation certificate. <b>Accreditor will be contacted directly by Olympus should an award be made. Please alert accreditor contact that he/she was designated</b>
<b>Will you be working with a third party implementer/educational partner?</b>	If <b>Yes</b> , provide the Educational Partner Organization Name, Contact Person Name, Contact Person Email, Address, & Phone Number
<b>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.</b>	You must check this box in order to proceed and submit your application.
<b>Authorized Signer &amp; Payee Tab</b>	<b>Description of Field - Selections Available</b>
<b>Is the Authorized Signer listed below correct?</b>	Verify that the Authorized Signer First Name, Last Name and Email Address are correct <u>and</u> that this individual has the legal authority to sign Olympus' Letter of Agreement on behalf of Requesting Organization should an award be made.  If <b>No</b> , select No and select the appropriate Authorized Signer from the dropdown menu <u>or</u> click "Add a Different Authorized Signer."  <b>Authorized Signer will be contacted directly by Olympus should an award be made. Please alert signer that he/she was designated</b>
<b>Is Payee Address the same as the Organization address?</b>	<b>US and Canadian organizations seeking financial support:</b> Please select <b>No</b> if the Organization address shown is not the correct address for financial awards (checks) sent via FedEx (US) or Purolator (Canada).  <b>All others, select N/A.</b>
<b>Request Summary &amp; Submission Page</b>	<b>Description of Field - Selections Available</b>
<b>Request Detail</b>	El resumen de toda la información proporcionada por el solicitante se presenta aquí
<b>Agreement</b>	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)
<b>Submit</b>	Upon clicking <b>Proceed</b> , request will be submitted. Requestor will receive on screen confirmation and email confirmation of successful submission. If you do not receive a confirmation email, contact <a href="mailto:grants-americas@olympus.com">grants-americas@olympus.com</a> or 484-896-3939



## ADVOCACY (PATIENT SCREENING) GRANT SUBMISSION CHECKLIST

Items are required unless otherwise noted

Overview Tab Fields	Description of Field - Selections Available
<b>Program Type</b>	<i>Patient Screening</i>
<b>Therapeutic Area</b>	<i>Anesthesiology, Bariatrics, Colorectal Surgery, ENT, Gastroenterology, General Surgery, Gynecology, Pulmonology, Thoracic Surgery, Urology, Other</i>
<b>Organization Mission Statement</b>	up to 500 characters
<b>Geographic Focus of Organization</b>	<i>Local, Regional, National, International</i>
<b>Organization Web URL (optional)</b>	
<b>Program Title</b>	Descriptive name of your program
<b>Program/Activity Description</b>	A high-level summary of your program (up to 1000 characters); additional attachments, such as a formal letter of request, may be provided elsewhere, but this field is required
<b>Describe Intended Impact</b>	Include anticipated number of direct beneficiaries
<b>Support Requested from Olympus</b>	<i>Financial; Product - Olympus; Product - Spiration</i> (select all that apply) Financial and Product request should be submitted in one application
<b>Product Support Form</b>	<p>Click on the link on this page (also below) and click the "Product Request Form" tile to access the Olympus Product Support Form. Save the form locally to your computer and complete all required fields. (Don't forget to save again!) Upload a completed form for each activity for which Olympus product support is requested.</p> <p><a href="https://olympusamerica.com/independent-medical-microscopy-education-north-america#anchor-link-content-2932">https://olympusamerica.com/independent-medical-microscopy-education-north-america#anchor-link-content-2932</a></p> <p><b>An Olympus Product Support Form is required; alternative forms will not be accepted. Requests submitted with incomplete forms will not be reviewed.</b></p>
<b>Start Date</b>	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.
<b>End Date</b>	
<b>Geographic Focus of Request</b>	<i>Local, Regional, National, International</i>
<b>Amount Requested from Olympus</b>	Dollar amount requested from Olympus (USD); if no financial support is sought, enter zero
<b>Total Program Budget</b>	This value should reflect <u>all</u> anticipated expenses for the overall program, <u>not</u> limited to the portion/sessions of the program for which Olympus support is sought (USD)
Document Upload Tab Fields	Description of Field - Selections Available
<b>Is the current W-9 in your profile up to date?</b>	<p><b>US Organizations:</b> Click on the link provided to view the W-9 in your profile. Make sure it has been signed and dated within the last two (2) years. If it's out of date, select <i>No</i> and upload a new W-9.</p> <p><b>Non-US organizations:</b> Select <i>N/A - Non US</i></p>

<b>Is the current IRS Letter of Determination in your profile up to date?</b>	<p><b>US Organizations (501c3 or 501c6):</b> Click on the link provided to view the IRS letter in your profile. Make sure it has the current name of your organization and captures your current tax status. If it's out of date, select <i>No</i> and upload a new IRS Letter of Determination.</p> <p><b>Other Non-Profit Organizations:</b> Select <i>N/A - Non US</i></p>
<b>Olympus Product Form</b> (if applicable)	If a Product Support Form was uploaded on the Overview tab, it will be viewable here. No new action is required.
<b>Is the current Accreditation Certificate in your profile up to date?</b>	<p><b>Accredited Organizations:</b> Click on the link provided to view the Accreditation Certificate(s) in your profile. Make sure none are expired. If any are out of date, select <i>No</i> and upload a new certificate.</p> <p><b>Non-Accredited Organizations:</b> Select <i>N/A - Non US</i></p>
<b>Invitation/Flyer/Marketing Material</b>	Sample of the program's marketing collateral
<b>List of Board of Directors</b> (optional)	
<b>Program Agenda</b> (optional)	
<b>Detailed Budget</b> (optional)	
<b>Additional Upload Fields</b> (optional)	Additional fields are available to name and attach documents of your choice
<b>Authorized Signer &amp; Payee Tab</b>	<b>Description of Field - Selections Available</b>
<b>Is the Authorized Signer listed below correct?</b>	<p>Verify that the Authorized Signer First Name, Last Name and Email Address are correct <u>and</u> that this individual has the legal authority to sign Olympus' Letter of Agreement on behalf of Requesting Organization should an award be made.</p> <p>If <b>No</b>, select No and select the appropriate Authorized Signer from the dropdown menu <u>or</u> click "Add a Different Authorized Signer."</p> <p><b>Authorized Signer will be contacted directly by Olympus should an award be made. Please alert signer that he/she was designated</b></p>
<b>Is Payee Address the same as the Organization address?</b>	<p><b>US and Canadian organizations seeking financial support:</b> Please select <b>No</b> if the Organization address shown is not the correct address for financial awards (checks) sent via FedEx (US) or Purolator (Canada).</p> <p><b>All others,</b> select <b>N/A</b>.</p>
<b>Request Detail &amp; Submission Page</b>	<b>Description of Field - Selections Available</b>
<b>Request Detail</b>	Summary of all information provided by applicant is rendered here
<b>Agreement</b>	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)
<b>Submit</b>	<p>Upon clicking <b>Proceed</b>, request will be submitted.</p> <p>Requestor will receive on screen confirmation and email confirmation of successful submission. If you do not receive a confirmation email, contact <a href="mailto:grants-america@olympus.com">grants-america@olympus.com</a> or 484-896-3939</p>



## DONATION GRANT SUBMISSION CHECKLIST

Items are required unless otherwise noted

Overview Tab Fields	Description of Field - Selections Available
<b>Program Type</b>	<i>Capital Campaigns, Medical Mission, Permanent Product Donation</i>
<b>Therapeutic Area</b>	<i>Anesthesiology, Bariatrics, Colorectal Surgery, ENT, Gastroenterology, General Surgery, Gynecology, Pulmonology, Thoracic Surgery, Urology, Other</i>
<b>Organization's Mission Statement</b>	up to 500 characters
<b>Organization Web URL</b>	
<b>Organization's Annual Operating Budget</b>	(USD)
<b>Geographic Focus of Organization</b>	<i>Local, Regional, National, International</i>
<b>Request/Program Title</b>	Descriptive name of your request or program
<b>Geographic Focus of Request</b>	<i>Local, Regional, National, International</i>
<b>Brief description of request or program</b>	A high-level summary of your program (up to 500 characters); a formal Letter of Request/Proposal must be attached later, but this field is required and should provide a concise overview
<b>Describe Intended Impact</b>	Describe what support from Olympus will enable; include anticipated number of direct beneficiaries
<b>Support Requested from Olympus</b>	<i>Financial; Product - Olympus; Product - Spiration</i> (select all that apply)  Financial and Product request should be submitted in one application
<b>Olympus Product Form</b>	Please email <a href="mailto:grants-america@olympus.com">grants-america@olympus.com</a> to obtain the <b>Product Permanent Donation Request Form</b> .  <b>An Olympus Product Support Form is required; alternative forms will not be accepted. Requests submitted with incomplete forms will not be reviewed.</b>
<b>Additional Description of Product Support (optional)</b>	
<b>Amount Requested From Olympus</b>	Dollar amount requested from Olympus (USD); if no financial support is sought, enter zero
<b>Request/Proposal</b>	Upload a formal Letter of Request or Proposal on official organization letterhead
<b>Is the current W-9 in your profile up to date (signed and dated within the last two years)?</b>	<b>US Organizations:</b> Click on the link provided to view the W-9 in your profile. Make sure it has been signed and dated within the last two (2) years. If it's out of date, select <i>No</i> and upload a new W-9.  <b>Non-US organizations:</b> Select <i>N/A - Non US</i>
<b>Is the current IRS letter of determination in your profile up to date?</b>	<b>US Organizations (501c3 or 501c6):</b> Click on the link provided to view the IRS letter in your profile. Make sure it has the current name of your organization and captures your current tax status. If it's out of date, select <i>No</i> and upload a new IRS Letter of Determination.  <b>Other Non-Profit Organizations:</b> Select <i>N/A - Non US</i>
<b>List of Organization's Board of Directors</b>	Upload a current listing of your organization's board members

<b>Additional Upload Fields</b> (optional)	Additional fields are available to name and attach documents of your choice
<b>Is Payee Address the same as the Organization address?</b>	<b>US and Canadian organizations seeking financial support:</b> Please select <b>No</b> if the Organization address shown is not the correct address for financial awards (checks) sent via FedEx (US) or Purolator (Canada).  <b>All others,</b> select <b>N/A</b> .
<b>Request Summary &amp; Submission Page</b>	<b>Description of Field - Selections Available</b>
<b>Request Detail</b>	Summary of all information provided by applicant is rendered here
<b>Agreement</b>	Requestor must agree to Olympus grant terms (e.g., incomplete submissions will be considered ineligible; Olympus Compliance Commitment terms; Olympus sales/marketing personnel should not be contacted regarding grants)
<b>Submit</b>	Upon clicking <b>Proceed</b> , request will be submitted. Requestor will receive on screen confirmation and email confirmation of successful submission. If you do not receive a confirmation email, contact <a href="mailto:grants-america@olympus.com">grants-america@olympus.com</a> or 484-896-3939