

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

Updated; August 2023

OLYMPUS



Welcome to the Olympus Grants Request Management System

- The [Olympus Grants Request Management System](#) 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. 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.

Getting Started

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

The screenshot shows the Olympus Medical Grants Portal login interface. At the top left is the Olympus logo. To the right is a navigation menu with links for Help, FAQ, Privacy Policy, and Preferred Language (set to English). Below the menu are input fields for Email Address and Password, a double arrow button (>>), a 'Forgot your password?' link, and a 'Register' button. The main content area features a banner for 'OLYMPUS MEDICAL GRANTS PORTAL' with a photo of three healthcare professionals. Below the banner is a 'TIP' box about password resets and a list of instructions for selecting a preferred language. At the bottom, there is a 'Grants Request Management System' section with a deadline notice.

OLYMPUS

Help | FAQ | Privacy Policy | Preferred Language: English

Email Address Password >>
Forgot your password? Register

OLYMPUS MEDICAL GRANTS PORTAL
North America & Latin America

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.

Due to company meetings, there will be limited product availability **April 29 - May 3, 2024**.

Educational programs for scientific Microscopy are no longer eligible for Olympus Grant support. This includes financial requests.
For more information, please click [here](#).
Note: This update does not refer to the Orbeye Video Microscope, which is still eligible for Olympus Grant support.

If you have any questions, please contact the Olympus Grants Team - Americas.

Grants Request Management System - Olympus Corporation of the Americas

This site accepts grant applications for eligible healthcare events taking place in the Americas and/or events coordinated 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 Google Chrome and Microsoft Edge. 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

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**.

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

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.

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.

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

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.

Screen shot continued on next page...

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

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

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.

Submit New Request

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

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 |

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.

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.

TIP – If you are seeking support for an education event, select Medical Education.

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

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

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 starting your application.

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, 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:

- **Americares**, our philanthropic partner, in support of mission trips and philanthropic patient care in the Americas. If you are seeking this type of support, please contact this organization directly.
- **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.

Charitable contribution requests from individual health care professionals, 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.

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.

Creating a Medical Education Request

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

Submit New Request

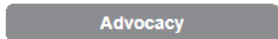
Overview - Eligibility Requirements

- 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 starting your application.

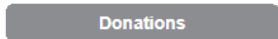
Select the type of program or event for which you are seeking grant support:



Includes: 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 includes **clinical** fellowships for healthcare professionals coordinated by **medical societies**.



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.



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

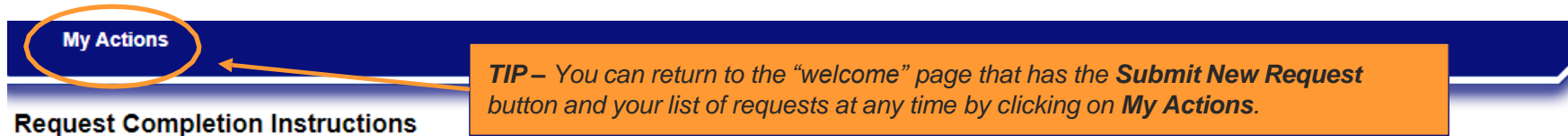
- **Americares**, our philanthropic partner, in support of mission trips and philanthropic patient care in the Americas. If you are seeking this type of support, please contact this organization directly.
- **Medical societies** in support of their training and educational purposes or facilities operated exclusively by them in the Americas. Requests for financial (capital campaign) and permanent equipment donations will be considered for the purposes described above only.

Charitable contribution requests from individual health care professionals, 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.

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.

Step 2: Review the on-screen “Medical Education Request” instructions. When finished, click **Proceed**.



My Actions

Request Completion Instructions

*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**.*

Medical 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 screenshots?
- ✓ 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 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.

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Screen shot continued from previous page

To Submit a New Request

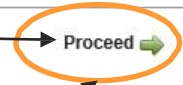
- **Complete all seven (7) tabs, or sections**, of the application. **Required fields** are marked with **red asterisks (*)**.
- **To navigate between tabs**, click on the **Save and Back** and **Save and Proceed to Next Step** arrows at the bottom of the page. Do not click on the tabs themselves.
- **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.



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 Education Request" instructions, click **Proceed** to continue.

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 to 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.

* Program Type

* Therapeutic Area

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

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

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

United States

Health Care Professional Education

Gastroenterology

Gastroenterology - Other

Sample Gastroenterology Grant

Insert brief description of program/activity here.

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.

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

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.

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.

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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

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

* Currency

USD

* Amount requested from Olympus
(USD)

10,000.00

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.**

* 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

* 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

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

* Please indicate potential financial supporters

Boston Scientific, Stryker, Medtronic

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

Yes No

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.

* Please indicate potential product supporters

Boston Scientific, Stryker, Medtronic

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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
- 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) | <input type="text" value="20,000.00"/> |
| * Anticipated Revenue from Grant Support (USD) | <input type="text" value="30,000.00"/> |
| * Anticipated Revenue from Sponsorship/Exhibit Support (USD) | <input type="text" value="50,000.00"/> |
| * Anticipated Revenue - Other (USD) | <input type="text" value="0.00"/> |

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.

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

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

Screen shot continued on next page...

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

* Teaching Hospital Country

* Teaching Hospital Tax ID #

* Teaching Hospital Address Line 1

Teaching Hospital Address Line 2

* Teaching Hospital City

* Teaching Hospital State/Province

* Teaching Hospital Postal Code

* 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.

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

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

Save and Back

Cancel

Save and Continue Later

Save and Proceed to Next Step

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.

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

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

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

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

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

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

TIP – The on-screen instructions are included here for your reference. If you have any questions, please contact **Olympus Grants Team- Americas** at **484-896-3939** or grants-americas@olympus.com.

- 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 **application screen shot guide** (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 [here](#). 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.

Screen shot continued on next page...

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 | TIP - Totals in this summary box will update as new activities are saved | Total # of Learners : | 0 |
| Live Activities : | 0 | | Live Learners : | 0 |
| Web Activities : | 0 | | Web Learners : | 0 |

+ Click here to add another activity

START HERE
Add the first Activity of your program or event

* Delivery Format Type:

* Delivery Format:

* # of Speakers/Faculty Members:

* Activity Start Date:

This date must be at least 60 days from today's date.

* Activity End Date:

Web URL:

* Venue:

* Country:

* City:

* State/Province:

* Postal Code:

Venue URL:

Screen shot continued on next page...

Screen shot continued from previous page

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

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.

- * Geographic Reach
- * Audience Generation Tactics
- * Are you seeking product support from Olympus for this activity?
- * 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.

Regional

email, website

Yes No

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 :

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

Cancel

Save and Continue Later

Save and Proceed to Next Step

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

Screen shot continued on next page...

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 | TIP - Totals in this box now reflect the activity entered | Total # of Learners : | 100 | TIP - Disregard "Total # of Learners." We realize that some learners will be attending more than one activity. |
| Live Activities : | 1 | | Live Learners : | 100 | |
| Web Activities : | 0 | | Web Learners : | 0 | |

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

* Delivery Format Type:

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



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

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...

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

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

| | Proposed Program Costs | Requested Amount from Olympus | Comments |
|--------------------------------|--------------------------------------|--|----------|
| Account & Activity Management | | | |
| 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
 × Cancel

📁 Save and Continue Later

Save and Proceed to Next Step →

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

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 | <input type="text" value="100000.00"/> | <input type="text" value="10000.00"/> | <input type="text"/> |
| Financial Management | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Content Management | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Audience Generation Management | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Program Costs: USD 100,000.00 | | Requested Amount from Olympus Subtotal: USD 10,000.00 | |

- Save and Back
- Cancel

Save and Continue Later

Save and Proceed to Next Budget Tab

Save and Proceed to Next Step

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**.

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 | <input type="text"/> | <input type="text"/> |
| Lunch | 22.00 | 2 | 115 | 5,060.00 | <input type="text"/> | <input type="text"/> |
| Dinner | 62.00 | 1 | 105 | 6,510.00 | <input type="text"/> | <input type="text"/> |
| Breaks/Snacks | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Other | 14.00 | 1 | 115 | 1,610.00 | <input type="text"/> | 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 →

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) | <input type="text" value="1240.00"/> | <input type="text" value="1240.00"/> | <input type="text" value="hotel space for didactic"/> |
| AV Equipment - Rental & Labor | <input type="text" value="1020.00"/> | <input type="text" value="1020.00"/> | <input type="text" value="\$510/day X 2 days"/> |
| Device - Rental & Labor | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Teleconference Costs | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Congress/Association Costs | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Onsite Meeting Support | <input type="text" value="320.00"/> | <input type="text" value="320.00"/> | <input type="text" value="2 admin staff X 2 days"/> |
| Other | <input type="text" value="420.00"/> | <input type="text" value="420.00"/> | <input type="text" value="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
- Cancel

Save and Proceed to Next Step

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

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) | <input type="text" value="1240.00"/> | <input type="text" value="1240.00"/> | <input type="text" value="hotel space for didactic"/> |
| AV Equipment - Rental & Labor | <input type="text" value="1020.00"/> | <input type="text" value="1020.00"/> | <input type="text" value="\$510/day X 2 days"/> |
| Device - Rental & Labor | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Teleconference Costs | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Congress/Association Costs | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Onsite Meeting Support | <input type="text" value="320.00"/> | <input type="text" value="320.00"/> | <input type="text" value="2 admin staff X 2 days"/> |
| Other | <input type="text" value="420.00"/> | <input type="text" value="420.00"/> | <input type="text" value="pig stomachs for lab X"/> |
| | Program Costs: USD 3,000.00 | Requested Amount from Olympus Subtotal: USD 3,000.00 | |

-
-
-
-

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.

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

Organizations based outside of North America, please take note:

- 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

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?
The W-9 must be signed and dated within the last two years.
 Yes No N/A- Non US
[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

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](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.

Screen shot continued on next page...

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 <i>For live educational events, the agenda provided must include hour by hour detail of the content to be presented.</i> | ● Agenda SAMPLE.pdf × Remove |
| * Letter of Request | ● Letter of Request SAMPLE.pdf × Remove |
| * Invitation/Flyer/Marketing Material | ● Brochure SAMPLE.pdf × Remove |
| Needs Assessment | <input type="text"/> Browse |
| Detailed Budget | <input type="text"/> Browse |
| Outcomes Measurement Plan | <input type="text"/> Browse |
| Product and Logistics Details | <input type="text"/> Browse |
| Learning Objectives | <input type="text"/> Browse |
| Relevant Taxing Authority Document <i>This document is REQUIRED for countries outside North America.</i> | ● SAMPLE Tax Authority Document.pdf × Remove |
| Additional Document | <input type="text"/> Browse |
| Organization's Governing Documents <i>This document is REQUIRED for countries outside North America.</i> | ● SAMPLE Governing Documents.pdf × Remove |
| + Add Row | |

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.

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.

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).

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**.

Required uploads if you are based outside of North America

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

← Save and Back
⊗ Cancel

+ Save and Proceed to Next Step →

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

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

AACP
AAFP
AAN

* Accreditation Certificate ACCME

Accreditation Cert SAMPLE.pdf

* 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.

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)**.

Is another organization the Accreditor? See next page.

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

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

* Accreditor Organization Name

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

N/A
AACCP
AAFP

* Accreditation Certificate ACCME

* Country

* Accreditor First Name

* Accreditor Last Name

* Accreditor Email Address

* Address Line 1

Address Line 2

* City

* State/Province

* Postal Code

* Phone

* 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.

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.

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.**

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

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

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 your 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

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

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.

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.**

Screen shot continued on next page...

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
 Requesting Organization Address Line 1
 Requesting Organization Address Line 2
 Requesting Organization City, State/Province, Postal Code
 Requesting Organization Country
 Requesting Organization Phone Number

Olympus Test Account - Production
 Olympus Corporation of the Americas
 3500 Corporate Parkway
 Center Valley, PA, 18034
 United States

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

Payee Address required for US and Canadian organizations requesting financial support. All others, select 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.

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.**

Request Detail

Request ID MED-GAS-1948

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.

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? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Please indicate potential financial supporters | Boston Scientific, Medtronic, Stryker |
| Is product support being sought from other sources for this program? | <input checked="" type="radio"/> Yes <input type="radio"/> No |



Screen shot continued on next page...

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

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**

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

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

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

— **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.

IMPORTANT – Please read.

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.

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 →

OLYMPUS[®]

A thick, yellow, horizontal swoosh underline that tapers at both ends, positioned directly beneath the word "OLYMPUS".