

Bristol-Myers Squibb **Navigating our New Funding Process**

System User Training

Agenda

Topic	
<i>Overview</i>	
<i>Accessing “Letter of Request”</i>	
<i>Registration and Login</i>	
<i>Letter of Request Submission</i>	
<i>Application Support</i>	

Overview

Accessing Letter of Request

Registration & Login

Letter of Request submission

Application Support

Objective

The purpose of this training is to familiarise requestors with the new process of submitting applications through the “Letter of Request”.

Effective November 1st, 2016, Bristol-Myers Squibb will begin the use of a new process and a new Request Management System for funding requests. As of that date, all funding requests should be submitted through an online “Letter of Request” to Bristol-Myers Squibb. The new process will enable you to:

- Track the status of your requests
- Communicate with BMS through a secure portal
- Manage Request information

Accessing Letter of Request

Website Link for Grants, Giving and Corporate Sponsorship Support:

UK: <http://www.b-ms.co.uk/responsibility/pages/GGCSS.aspx>

Ireland: <http://www.bmsireland.ie/responsibility/Pages/GGCSS.aspx>

The screenshot shows the 'Grants, Giving & Corporate Sponsorship Support' page. The navigation bar includes 'Our Company', 'About Us', 'Products', 'Responsibility', 'Careers', and 'Contact Us'. The page title is 'Grants, Giving & Corporate Sponsorship Support'. A yellow call-to-action box says 'Ready to Apply? Submit your Application today'. The main content area describes BMS's commitment to supporting independent requests for funding and in-kind support. A list of initiatives is provided, including Charitable Donations, Medical Education, Scholarship Support, Fellowship Support, Patient Education Grant, Corporate Sponsorship, and Umbrella Research Grants. A link is provided to access the Letter of Request page.

Click here to access the "Letter of Request" page

Click on this LOR link to apply for the funding request

The screenshot shows the 'Letter of Request' page. The navigation bar includes 'Our Company', 'R&D', 'Products', 'New', 'Investors', and 'Partnering'. The page title is 'Letter of Request'. A list of links is provided for different languages: Letter of Request (English), Letter of Request (French) | Lettre de demande (Français), Letter of Request (German) | Schriftlicher antrag (Deutsche), Letter of Request (Italian) | Lettera di richiesta (Italiano), Letter of Request (Korean) | 요청의 편지 (한국의), Letter of Request (Portuguese) | Carta de pedido (Português), and Letter of Request (Spanish) | Carta de solicitud (Español). The left sidebar contains links for 'Responsibility Home', 'Our Responsibility Commitment', 'Bristol-Myers Squibb Foundation', 'Sustainability', 'How We Price Our Medicines', 'Help Paying For Your Medicine', 'Access to Medicines', 'Building Our Communities', 'Grants & Giving', 'Bristol-Myers Squibb Foundation Grants', and 'Community Grants'.

Overview

Accessing Letter of Request

Registration & Login

Letter of Request submission

Application Support

Applicant Log In

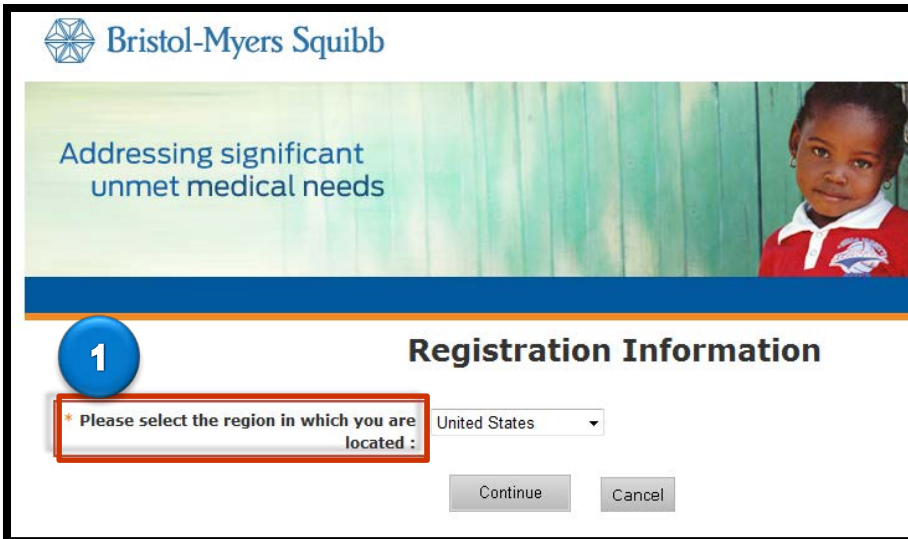
➤ On this page you can:

1. Register and create a password if you are a first time user
2. Log in using your email address and password
3. Reset your password

The screenshot shows the Bristol-Myers Squibb Applicant Log In page. At the top left is the Bristol-Myers Squibb logo. Below it is a banner with the text "Addressing significant unmet medical needs" and a photo of two children. The main heading is "Please Log In". Below the heading are two input fields: "E-mail Address:" and "Password:". A "Log In" button is positioned below the password field. To the right of the password field is a link "Forgot your password?". Three callouts are present: Callout 1 points to the "Forgot your password?" link with the text "FOR FIRST TIME USERS: If you do not have a login account CLICK HERE". Callout 2 points to the "Log In" button with the text "HAVE AN ACCOUNT: Login using your credentials HERE". Callout 3 points to the "Forgot your password?" link with the text "FORGOT PASSWORD: CLICK HERE". A small asterisk with the text "indicates required field" is located to the right of the input fields.

New User Registration

If this is your first time using our system, please check to see if your organisation is in our database, before creating a new organisation. You can search your organisation by Tax ID or organisation name in the system.



Bristol-Myers Squibb

Addressing significant unmet medical needs

1 **Registration Information**

* Please select the region in which you are located : United States

Continue Cancel

1. Select the region in which you are located
2. Complete the Registration fields

User Accounts in CyberGrants are individual based and not organisation based. A single user can be associated with multiple organisations.



Registration Information * indicates required field

Bristol-Myers Squibb Company, 345 Park Avenue 10150 NY, New York, USA needs to collect personal information for processing your organization's request. The Information collected will be incorporated into a secure database hosted in the USA by our vendor CyberGrants and shared with the Bristol-Myers Squibb affiliated company* in your country for request approval. Both CyberGrants and Bristol-Myers Squibb Company provide an adequate and compliant protection of your personal information with European and national privacy legislations through through execution of Standard Contractual Clauses adopted by the European Commission. You may request more details about the personal information we hold about you in our grants system and modify or update incorrect information, as well as object to the processing of your personal information for the purposes set out in this registration form.

Please email support_grantsandgiving@bms.com with any queries on the processing of personal information.

If you do not want your personal data supplied here to be collected, click CANCEL. You will not be permitted to complete a request application.

By SAVE at the bottom of this page, I understand and agree to the collection of my personal information, as described above.

2 * First Name:

* Last Name:

* Telephone Number:

* E-mail Address: Please enter your e-mail address, e.g. yourname@yourdomain.com. You will need your e-mail address to log in.

Overview

Accessing Letter of Request

Registration & Login

Letter of Request submission

Application Support

New User Registration (cont'd)

On the “*New Registration*” page, we ask you to please read the listed Privacy laws. By proceeding to register, you agree to the collection of your personal information. If you do not wish your personal data to be collected, click CANCEL. You will not be permitted to complete a request.

Please note: These privacy laws apply to ex-US applicants.

Bristol-Myers Squibb Company, 345 Park Avenue 10150 NY, New York, USA needs to collect personal information for processing your organization's request. The Information collected will be incorporated into a secure database hosted in the USA by our vendor CyberGrants and shared with the Bristol-Myers Squibb affiliated [company](#)* in your country for request approval. Both CyberGrants and Bristol-Myers Squibb Company provide an adequate and compliant protection of your personal information with European and national privacy legislations through through execution of Standard Contractual Clauses adopted by the European Commission. You may request more details about the personal information we hold about you in our grants system and modify or update incorrect information, as well as object to the processing of your personal information for the purposes set out in this registration form.

Please email support_grantsandgiving@bms.com with any queries on the processing of personal information.

If you do not want your personal data supplied here to be collected, click CANCEL. You will not be permitted to complete a request application.

By SAVE at the bottom of this page, I understand and agree to the collection of my personal information, as described above.

Overview

Accessing Letter of Request

Registration & Login

Letter of Request submission

Application Support

Welcome Page

- Once you successfully login, this is your “Welcome Page”
- On this page you can:
 1. Identify the name of your organisation
 2. Add a new organisation to your account
 3. Edit your profile

Bristol-Myers Squibb

Addressing significant unmet medical needs

3 [Edit Profile](#) [Logout](#)

Welcome, **Sushila Karjal**

The organization you are currently associated with is **AMERICAN NATIONAL RED CROSS**.

2 [If you work with multiple organizations, click here to add a new organization to your account.](#) **1**

The Online Letter of Request consists of the following sections, each of which must be completed for your proposal to be considered.

1. Contact information
2. Organization Information
3. Letter of Request
4. Attachments
5. Certification

Once completed, all Letters of Request created are immediately submitted to Bristol-Myers Squibb.

Welcome Page (cont'd)

The screenshot shows a navigation bar with tabs: Welcome Page, Contact Information, Organization Information, Letter of Request, Attachments, and Certification. Below the navigation bar, there are five main sections:

- 1** Start a New Letter of Request
- 2** Impact Reports Requiring Action
- 3** Applications Requiring Action
- 4** Submitted Applications
- 5** My Organizations

Action	Project Title	Report Type	Report Due Date
Due	Education Awareness	CG - BMS Contract	06/21/2014
Due	Test Proj Budget	IME - BMS Contract	11/14/2014

Action	Project Title	Application Date	Proposal Type
View	Charitable Donation	03/21/2014	
View	Charitable Donation	03/21/2014	

If you need to change the scope of your original application, please [click here](#).

Display activity for year: [2015](#) [2014](#) [2013](#)

Action	Project Title	Application Date	Proposal Type
View	test	06/04/2015	

My Organizations

If you would like to change the organization you are currently logged in to, please select the appropriate organization from the list below.

You are currently logged in as:

AMERICAN NATIONAL RED CROSS
Test
Test Ontario PA 15230-0185
Canada

American Red cross
Pittsburgh PA 15230 United States

- On this page you can also find
 1. “Start a New Letter of Request” link
 2. Impact Reports* requiring action
 3. All your application(s) requiring action
 4. Submitted Applications
 5. “My Organizations” showing all the organisations you are associated with

*Impact Reports are follow up reports that will be sent to you via the system to gather additional information about the request. These can be pre or post-approval of a request.

Add a New Organisation

If you want to add a new organisation to your account, click on “click here to add a new organization to your account” link

Welcome, Suchitra Karriat

The organization you are currently associated with is AMERICAN NATIONAL RED CROSS.

If you work with multiple organizations [click here to add a new organization to your account.](#)

The Online Letter of Request consists of the following sections, each of which must be completed for your proposal to be considered.

1. Contact information
2. Organization Information
3. Letter of Request
4. Attachments
5. Certification

Once completed, all Letters of Request created are immediately submitted to Bristol-Myers Squibb.

Each page will have a timeline like the one below to help you monitor your progress. The line and text will indicate your current position within

Organization Information

* indicates required field

* **Organization Name:** Enter the legal name of the organization for which you are applying.

Zip/Postal Code :

* **Organization Country :**

IRS AND/OR NCES Information

Tax ID/Charity ID (if applicable) : Enter the nine digit U.S. Tax ID of the 501(c)(3) non-profit organization for which you are applying. If you do not know the organization's Tax ID, please contact the business office of the organization or call the IRS toll-free at 1-877-829-5500. If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.

School District ID (U.S. Pre-K-12 public schools and public school districts only) : For U.S. public schools, the District ID should be the first 7 digits of a 12 digit National Center for Education Statistics (NCES) School ID. If you do not know the school's NCES information, please visit the [NCES website](#).

School ID (U.S. Pre-K-12 public and private) : For U.S. public schools, the School ID should be the last 5 digits of a 12 digit National Center for

Select Organization

- AMERICAN NATIONAL RED CROSS
PO BOX 185
PITTSBURGH PA 15230-0185
United States
- New MedEd Org
DPO AE 09876
United States
- TRUSTEES OF PRINCETON UNIVERSITY
PO BOX 291
PRINCETON NJ 08542-0291
United States

Once you have multiple organisations associated with your account, you will always be taken to the organisation selection page after login, to select the organisation that you want to work with

Starting a Letter of Request (LOR)



- When beginning a *New Request* click the “**Start a New Letter of Request**” link on the Welcome Page
- Please **check the accuracy of your name** and the **organisation you are associated with** before you start a new application

LOR - Contact Information

This section allows you to select all the individuals you would like to receive correspondence for this request

The screenshot shows a web interface for 'Addressing significant unmet medical needs'. It features a navigation bar with tabs: Welcome Page, Contact Information (highlighted), Organization Information, Letter of Request, Attachments, and Certification. Below the navigation bar is a 'Logout' link. The main content area is titled 'Contact Information' and includes a legend: '* indicates required field'. There are two contact entries, each with a checkbox labeled 'Match' and a 'Match' label. The first entry is for JANE DOE with fields for Name, Telephone Number, and E-mail Address. The second entry is for JOHN SMITH with similar fields. At the bottom, there are two buttons: 'Save and Proceed' and 'Create New'. Three numbered callouts are present: 1 points to the 'Match' checkboxes, 2 points to the 'Create New' button, and 3 points to the 'Name' field of the first contact entry.

1. You may select multiple individuals to receive correspondence for this grant
2. Click “Create New” to add additional contacts
 - Once an individual(s) information is added, this contact information will remain under this section
3. To delete a “contact,” click on the name of the individual THEN, when prompted, click on “delete contact”

LOR - Organization Information

This section asks a series of questions about your organisation

Welcome Page Contact Information **Organization Information** Letter of Request Attachments Certification

Organization Information

* indicates required field

* Legal Name Please provide the Legal Name of the Organization.

* Country

* Street Address Please provide a street address for the Organization.

* City

Province

Zip/Postal Code

* List of Board Members, Principals and/or Key Executives Please provide the first and last names of your organization's current board members. With each board member's name, please include the board member's company they work for, if applicable.

This section displays/captures information regarding your organisation. Please complete the information as per directed in the application.

NOTE: The Requesting organisation MUST be the Payee organisation.

LOR – Request Details

This section captures the details of the Funding Request. Complete the fields in the Letter of Request as per instructions. Incomplete applications will be rejected without review.


Welcome Page Contact Information Organization Information **Letter of Request** Attachments Certification

Letter of Request

* indicates required field

We reserve the right to reject application if the information provided is not complete.

* **Request Title**

* **Request Start Date** 
(MM/DD/YYYY)

* **Currency type for funds being requested:** Currency type for funds being requested

* **Total Amount of funding being requested from BMS:** Amount being sought from BMS for this request

* **Charitable?** Can any portion of the funds being requested be considered a charitable donation?
No

* **Currency type for total budget:**

* **Total budget amount:**

* **Where is the proposed request being implemented?** *Include Country/Geographic region. For Live programs, please include venue site(s), if applicable.*

* **Therapeutic Area of Request (?)** Please select all applicable Therapeutic area of Request.
 Immunoscience -Arthritis - Rheumatoid (RA)
Oncology - CMI

Overview

Accessing Letter of Request

Registration & Login

Letter of Request submission

Application Support

LOR - Attachments

This section asks you to upload attachments relevant to your request submission. All documents *MUST* be uploaded in *PDF* format

Attachments

* indicates required field

Budget Form (if providing budget) *Must be in PDF format.*
Upload File

Sponsorship Packet (if applicable) *Must be in PDF format.*
Upload File

Full Proposal (if applicable) *Must be in PDF format.*
Upload File

RFP Attachment (if applicable) *Must be in PDF format.*
Upload File

Other Attachments *Must be in PDF format.*
Upload File

Save and Proceed

LOR - Certification

In this section, you are requested to read the certification statement and certify your agreement with it

Certification * indicates required field

I am fully authorized to submit this request on behalf of the requesting organization and any partner organization, and I affirm that all responses and information provided in response to this application are truthful, accurate and complete.

I acknowledge that grants made by BMS must not in any way be connected to, or conditioned upon, any prescribing, purchasing, or recommending any product manufactured or marketed by BMS.

I acknowledge that submission of a request for a BMS Charitable Giving or an educational grant does not mean that the request will be funded by BMS, and that only a BMS grant review committee can approve funding of such requests.

I understand that BMS cannot and will not commit to process any request within a specific period of time. I understand that in certain instances where BMS decides to make a grant, the company may choose to award that grant in installments and/or for a lesser amount than the original request.

I have read and agree to the BMS IME Terms and Conditions. [Click here to read the Terms and Conditions on the BMS Grants Website](#)

Bristol-Myers Squibb Company, 345 Park Avenue 10150 NY, New York, USA needs to collect personal information for processing your organization's request. The Information collected will be incorporated into a secure database hosted in the USA by our vendor CyberGrants and shared with the Bristol-Myers Squibb affiliated company* in your country for request approval. Both CyberGrants and Bristol-Myers Squibb Company provide an adequate and compliant protection of your personal information with European and national privacy legislations through through execution of Standard Contractual Clauses adopted by the European Commission. You may request more details about the personal information we hold about you in our grants system and modify or update incorrect information, as well as object to the processing of your personal information for the purposes set out in this registration form.

Please email support_grantsandgiving@bms.com with any queries on the processing of personal information.

* AS A CONDITION TO THE SUBMISSION OF YOUR REQUEST, PLEASE READ AND INDICATE AGREEMENT BY CERTIFYING THE ABOVE STATEMENT. I Certify

1. Once you agree to all the statements provided on this page as well as the “Terms and Conditions”, check “I Certify” to proceed further.
2. Please Note: Privacy laws apply to ex-US applicants.

Reviewing and Submitting Application

Welcome Page	Contact Information	Organization Information	Letter of Request	Attachments	Certification
--------------	---------------------	--------------------------	-------------------	-------------	---------------

Incomplete Application

* indicates required field

You have not filled in the following required fields. Click on the section name to return to that section and then provide valid responses to the following questions. These fields must be completed in order to submit your application

[Organization Information](#)

- Is the organization accredited?

[Letter of Request](#)

- Request Title
- Request Start Date
- Currency type for funds being requested:
- Total Amount of funding being requested from BMS:
- Currency type for total budget:
- Total budget amount:

Incomplete Application

1. Under each section heading, the system will identify what required field(s) were not completed.
2. Complete the missing fields by returning to each section and adding in the missing information.
3. Review all information you entered for accuracy.
4. Submit the application once you are finished.

Application Support

- To get application support, please email

support_grantsandgiving@bms.com

Overview

*Accessing Letter of
Request*

*Registration &
Login*

*Letter of Request
submission*

Application Support