

abbvie

AbbVie Grant Management System (GMS)

Requestor Training, Grant Request Training:
Charitable Donation



After Reviewing this Module, You Will be Able to:

- **Log Onto the GMS**
 - Setting up Your Security Password
 - Password Reset
- **Navigate Requestor Inbox**
 - Features
- **Start New Request Submission**
- **Understand Page Controls**
 - Navigation Tools
- **Complete Request Submission**
 - Program Type – Charitable Donation

Logging onto the Grant Management System (GMS)




Security Password

All users will be required to answer a Security Question.

* Security Question1[655|646|226]

For security and verification purposes, please select 1 question and enter your answer in the corresponding text box. This answer will be used to verify your identity to reset your password should you forget it. Please be sure to make note of your answer for future reference.

* Security Answer1[656|647]]

 Back  Cancel Registration  Proceed to Next Step

1. Once logged onto the system, you will be required to answer a **Security Question**. The **Security Answer** will be used whenever a login password is forgotten.
2. Should you forget your login password in the future, click the **Forgot Password** link on the Home Page to reset your password. You will be prompted to answer your security question to reset your password.
3. If you do not recall your security answer, please contact the Grant Management Department (GMD) at **877-228-7177** or www.abbviegrants.com

Registering in the Grant Management System (GMS)

Password Reset

1. You may manually reset your password.
2. Every 90 days you will be prompted to update your organizational profile.

1






2 forgot password?

1. You must **Register** in the GMS in order to submit a request. Please refer to the Registration Training document.
2. If you forget your password, you may click the **Forgot Password** link on the Home Page.
3. Every 90 days you will be prompted to update your profile. The system will route you to your Profile Information. Ensure information is correct, you may then click the **Save User Updates** button. Proceed to the My Actions tab to submit a new request.

Note: It is important to keep your organizational profile updated. By doing so, administrative delays will be minimized.

MY ACCOUNT

Profile Information

 <p>ORGANIZATION NAME Organization Name</p>	<p>PLEASE CLICK ON YOUR ORGANIZATION TO SEE SITE AND USER DETAILS</p> <p> Organization Name (Organization)</p> <p> email@organizationsite.org (User)</p>	<p>3</p> <p>ACTIONS</p> <ul style="list-style-type: none"> Save User Updates[446] Reclaim Selected Requests[795]
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[2]

User Information[4]

User Information[4]

Requestor Inbox

Features

The inbox is split into 2 views:

1. My Actions, listing all requests that may require an action to be taken on a grant application.
2. All Requests, lists all requests you have submitted.

The screenshot shows the AbbVie Requestor Inbox interface. At the top left is the 'abbvie' logo. At the top right is a search bar with a 'Request' dropdown menu and an 'Advanced' button. Below the search bar is a navigation bar with three tabs: 'My Actions' (highlighted with a red circle 1), 'All Requests' (highlighted with a red circle 2), and 'My Account'. Below the navigation bar is the 'REQUEST INBOX' section. The 'My Actions' view is active, showing a table with columns: ID, Status, Type, and Therapeutic Area. A red circle 3 is placed over a green document icon next to the first row. A red circle 4 is placed over the 'Not Submitted' status. A red circle 5 is placed over the 'General Program Support' text in the 'Therapeutic Area' column. Below the table is a text box with instructions: 'Please click the icon to the left of the Request ID to review/take action on a specific request. The requests ("My Requests"). You may also see the status of requests and use the filters on the top t...'

1. Grants appearing under the **My Actions** tab require an action on your part (e.g. Additional Information is needed, or the Letter of Agreement must be signed).
2. A list of every grant you have submit will appear in **All Requests**.
3. To take action on a grant, select the **Grant Icon** beside the grant ID (number).
4. On the other side of the Grant ID is the **Status** of the grant and it indicates what action should be taken.
5. Available in each column heading, you may use the **Drop Down Filter** available in each column heading to find information more quickly.






Start a New Request Submission

The screenshot shows the AbbVie Grant Management System interface. At the top right is the 'abbvie' logo. Below it is a search bar with the text 'search:' and a search icon. To the right of the search bar is a dropdown menu labeled 'Request' and a blue button labeled 'Advanced'. A thick blue horizontal bar is positioned below the search bar. In the center of the page, there is a red circle with the number '1' inside, and a blue button labeled 'New Request'. Below this, there is a line of text: 'Filtered to either show the requests you need to take action on ("My Actions") or all grants requests.' At the bottom, there is a table header with three columns: 'Program Title', 'Starts', and 'Submitted'. Each column has a dropdown arrow next to it.

1. For each grant request, click the **New Request** button. You will be guided through the application process.

Page Controls

Navigation Tools

- 1  Back
- 2  Save and continue later
- 3  Cancel Request
- 4 Proceed to Next Step 
- 5 

1. **Back:** Moves the form to the previous page.

 **Caution:** Do not use the back button on your Browser.

2. **Save and Continue Later:** Allows you to save current work, log out of the system and return later to complete the request. It is good practice to click this button often to ensure your work is saved.

3. **Cancel Request:** Click this button to delete a request if you no longer wish to submit it.

4. **Proceed to Next Step:** This button takes you to the next page/tab of the request.

5. **Help Text:** Click the Question Mark on the far right of questions for guidance.

Note: All pages need to be completed prior to submitting a request.

Request Submission

Program Type – Charitable Donation

By responding to the questions below, a filtered drop down list will prompt you to select the appropriate submission request type. The request types available in the system include:

*Patient Education Request

*Medical Education Request

*General Program Support

*Third Party Professional Meeting

*Charitable Donation

Program Type

1 Does any portion of this program take place outside the United States?
 Yes No

Is this a screening or a health fair?
 Yes No

Is your primary audience Patients or Health Care Professionals?
 Patients Health Care Professionals Other or Does Not Apply

2 Request Type?
Charitable Request ▼

3 Charitable Donations:

Funding to support 501(c)3 or other non-profit organizations for specific non-profit purposes. For non-profit providers (e.g. hospitals) or their related foundations, the non-profit purpose must specifically relate to support for low-income persons or families, indigent/homeless persons or

1. The initial series of questions will assist in determining which type of grant to submit. Please note that your organization must be registered as a 501(c)(3) in order to request a charitable donation.
2. Depending on the responses, the Request Type drop down will populate with the applicable grant types.
3. Once a **Request Type** is selected, the description will appear. Review the program description to ensure your program meets the stated guidelines.

Request Submission

General Information

Provide the following general information on this screen in order to proceed with the request submission.

Request ID 17549

General Delivery Format Third Party Budget Payment Uploads

General

Please choose the Therapeutic Area that closest matches your intended topic. This section is used to determine the individual delivery format in following sections.

* Therapeutic Area

* Program Title

* Program Event Description

* Decision Needed By Date mm/dd/yy

* Program Start Date mm/dd/yy

* Program End Date mm/dd/yy

* Are there other potential supporters of this program Yes No

Potential Supporters * (Name)	Requested Amount * (\$)
<input type="text"/>	\$0.00

+ Click Here to Add Additional Supporter

Save and continue later

1. Provide program details by using the pull down list to select the **Therapeutic area** and enter the Program Title and Description in the appropriate fields.
2. The **Decision Needed By Date** is the date by which you require a response from AbbVie. (**Note:** The decision needed by date must be at least **60** days from the date the request is submitted into the GMS).
3. The **Program Start Date and End Date** are the dates your program runs. Note: Program Start Date must be (how many days) greater than the Decision Needed By Date.
4. Identify **Potential Supporters**: If support is being sought from other requestors, enter the name and requested amount.
5. Additional supporters can be added by clicking the "+" button.

Request Submission

Delivery Format

General Delivery Format Budget Rates Uploads

Delivery Format

Each delivery format may have multiple activities (e.g. 2 live regional meetings in different cities on different dates incorporated into a single request (e.g. Live Meeting and Enduring Webcast)).

To add a second delivery format you must save the current delivery format using the "Save Delivery Format" button. To add a second activity you must save the current activity using the "Save Activity" button.

1 Select Activity Format : Charitable Programs

Enter Activity Dates for Delivery Format

Geographic Focus

Activity Start Date mm/dd/yyyy

Activity End Date mm/dd/yyyy

Venue Name

Is venue Actual or Proposed?

Actual

Proposed

City/Locality

State/Province

Postal Code

Number of Honorarium

What percentage of expected learners are US based?

Audience Group Specialty # Invited # Expected

Click here to add another audience

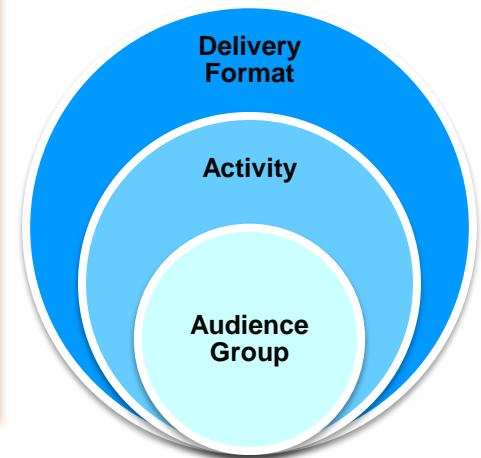
4 Save Activity

5 Save Delivery Format

Delivery Format: The method the program will be presented (i.e., Live Speaker Events, Journal Article, etc.).

Activity Format: Specific program details. For example, a program may have multiple locations and dates.

Audience Group: The categories of professionals invited and expected to participate in the activity.



1. Select the activity format.
2. Add the required information.
3. Enter the audience information. If needed click the "+" button to add additional audience groups.
4. To save the information added, click the **Save Activity** icon. To add another Activity format, click the **Save Delivery Format** icon. (For example, if the program has a live component and an enduring web piece, click this button.)
5. It is **recommended** to save your work frequently, especially if several delivery formats have been entered.

Request Submission

Budget

General[36] Delivery Format[117] Budget[118] Payee[37] Uploads[38]

Budget[118]

You will be required to complete a separate budget grid for each delivery format. The "Total Budget" amount must be entered in the "Total Budget" field.

[600]599]

1 * What is the total program budget?[104]416]

2 * What is AbbVie requested amount?[105]419]

3 Charitable[13]

Charitable	Description	Unit Costs	Hours or Units	Line Item Cost
Charitable Donation[397]		<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>

4 Comments:

5 **Total**
Total Budget Amount

6 Save Budget [78]66]

← Back ✖ Cancel Request

1. **What is the total program budget?** is the total cost of your entire program.
2. **What is AbbVie requested amount?** is the amount you wish AbbVie to contribute for your organization's mission.
3. Under the Charitable Donation line item, enter the **Unit Costs and Hours or Units** involved for that item. The system will automatically calculate the total amount.

4. You can add **Comments** below the Charitable Donation line item if desired.
5. Budget line items must add up to the **Total Program Budget** originally entered.
6. Click the **Save Budget** icon to save the information entered.
7. Select **Proceed to Next Step** to move to the Payee Tab.

Request Submission

Payee Information

The Payee tab documents where funds will be sent. Payment may either go to the requesting organization or another payee.

General Delivery Format Budget **Payee** Uploads

Payee

You may add additional address fields to direct the check to a specific building. Please verify that this data is correct. If it is incorrect please send an email to abbviegrants@abbvie.com with your Request ID in the subject line.

* Payee (please choose)	<input checked="" type="radio"/> Requestor <input type="radio"/> Other
* Organization Legal Name	Org Name
* Address 1	123 Main Street
Address 2	<input type="text"/>
Address 3	<input type="text"/>
* City/Locality	City
* State/Province	Illinois
* Postal Code	60064-4564
* Tax Id #	11-1111113
* Payment Method	Check
* Please choose authorized signer for this request IMPORTANT: The person you have selected must be registered in the system and may be required to electronically sign the LOA. If the intended authorized signer is not listed, please click "Save And Continue Later" to save your request, and then click My Account above and add them to the "Do you have legal authority to sign on behalf of your organization?" portion of your registration.	<input type="text" value="joanlegal@gmail.com"/>

[← Back](#) [Save & Continue →](#)

1. Indicate if the payment should be made to the requesting organization or another payee.
2. Review payment information to ensure it is correct. If any information must be updated, it may be done by updating your organizational details via the **My Account** link.
3. Designate the **Authorized Signer** who will be responsible for signing the Letter of Agreement (LOA). Only authorized signatories who are registered in the system may be selected. If the authorized signer does not appear in the list, they will need to be registered in the system, designated as an authorized signer and then added in the organizational details.

Request Submission

Uploads

Based upon the selection of the request type, mandatory document uploads will be displayed. All required documents (*) must be attached in order to submit the request. If desired, optional documents may be uploaded.

General[29] Delivery Format[30] Third Party[31] Budget[32] Payment[33] Uploads[34]

Uploads[34]

The following supporting documents are required in order to process your grant or charitable donation request and must be submitted electronically. If you have trouble uploading documents to the site, please contact AbbVie Grant Management Department toll free at 1-877-228-7177.

A W-9 dated within 12 months of the requested program date and signed by the Payee (If the W-9 uploaded at registration is not current or for this grant request's payee). Download an Electronic W-8/W-9 Form.

Please feel free to submit any additional documents that may help us review your request. Only documents of the following types may be uploaded (doc, gif, pdf, ppt, txt, xls).

If this grant was multi-supported, please upload a document upon reconciliation describing the methodology used to prorate AbbVie's portion of funding and reporting responsibility.

[589|588]

* Agenda[24|424]

Contingency Plan[25|425]

* Learning Objectives[26|426]

* Letter of Request[27|93]

Venue Explanation[31|430] ?

Other Documents[541|537]

Title	File	
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse"/>
<input type="button" value="+ Add Row"/>		

* W-8/W-9[604|603] ?

Request Submission

Grant Application Review

Once all sections have been completed, the entered information is shown in a read-only format for you to review. Once you verified the information, the application may be submitted.

General

Please choose the Therapeutic Area that closest matches your intended topic. This section is used to enter the overall details for the program and you will be asked for details for each individual delivery format in following sections.

* Therapeutic Area	Virology
* Program Title	Test
* Program Event Description	Test
* Decision Needed By Date	12/5/2013

1 Edit

Agreement

I agree to the Compliance Commitment. I certify that the information contained in this grant application is complete and accurate.

Yes No

2

3 Submit Request

← Back

1. If any of the information appears **incorrect**, use the **Edit** button to revise the application.
2. In order to submit the application, review and accept **AbbVie's Compliance Commitment**. If you do not agree with the Statement, the application cannot be submitted.
3. Click the **Submit Request** button once the application is complete and reviewed.

Request Submission Confirmation

The **last step** of the request process is a confirmation screen verifying the grant has been submitted. Once this screen appears, the grant has been successfully submitted.

Request ID 17552

Thank You

Grant ID: 17552
Program Title: Test

Dear First Last,

Thank you for submitting a request for a grant or charitable donation. You can always track the status of your request through the progress bars on your homepage of the AbbVie Grant Management System.


During the review of your request, additional information or clarification may be requested.

In this event, the grant coordinator will notify you, both through an email and by flagging your request on your homepage. It is important to understand that once a request for additional information is requested, you must address it completely.

To complete a request for action on your request or Contractual Agreement please log into your account and click on the link in the field of the welcome page for the request in consideration.

Your opinion is important to us, please take some time to fill out our brief **Survey** **1**

AbbVie Grant Management Department

 Proceed to Inbox **2**

1. An optional **Survey** is available; it will only take 5-7 minutes and will provide us valuable information regarding our processes, system and customer service.
2. You may return to your Inbox to view the grant status as it progresses.