Global Governance Office GEMS

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* Grants, External Studies and Managed Access System

Version 2.0 Effective Date November 2nd 2020

Introduction

- Novartis will introduce GEMS, a new global cloud-based system for the submission and ongoing management of all Grant requests;
- From the date of launch, all requests must be submitted via the GEMS online portal accessed from <u>www.novartis.com</u>.
- The introduction of GEMS will make it easier for applicants to submit and manage their requests and for Novartis to review and potentially approve them more quickly;

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 This deck provides external requestors with the information they need to submit their requests in GEMS.

Benefits of GEMS

Ability to manage the application process in one place

Easier submission of applications Application can be made from any device

Quicker

review and

approval of

applications

by Novartis



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2	Submitting a new request	10
3	Managing a request	21
4	Additional information	42





Global Governance Office GEMS

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Section 1

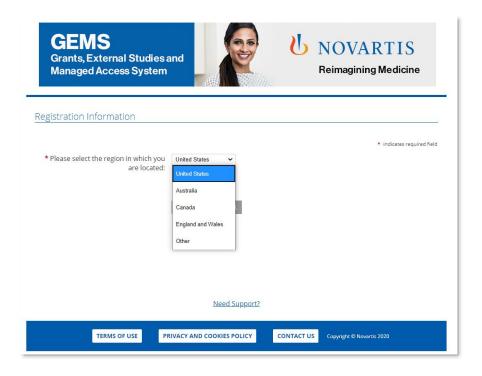
Registering on the GEMS portal

GEMS Grants, External Studies a Managed Access System	and	U NOVARTIS Reimagining Medicine
Please Log In	First time user? <u>Create your passwor</u>	d
* E-mail Address: * Password:	Shr	aw password
Please note that you must have co	LOG IN Forgot your password? pokies and JavaScript enabled on your b	rowser in order to successfully log in.
	Need Support?	
TERMS OF USE PR	IVACY AND COOKIES POLICY	TACT US Copyright © Novartis 2020

Step 1

Click on Create a Password at the top of the screen





Step 2

- Select your **Region** (i.e. country) from the drop-down box
- Organizations located outside of *Australia, Canada, England and Wales, United States, please select Other* to proceed with the account registration.

PLEASE NOTE: Any field marked with a * (red asterisk) is mandatory for completion

or US organizations–It's not required t nter Tax ID.	o be a 501(c)(3) non-profit organization to submit a request. However, you must
* 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.
* Password:	The password must be between 6 and 16 characters long and consist of letters, numbers, or any of the following special characters: '@!#\$'. The password "password" is not valid.
* Confirm Password:	
* Organization Name:	Enter the legal name of the organization for which you are applying.
Zip/Postal Code:	
* Organization Country:	· · · · · ·
RS 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 <u>1-877-829-5500</u> . 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 <u>NCES</u> website.

Step 3

- Please include your local country code with your telephone
 number
- Complete the remaining Registration Information
- Click Submit.
- An activation email will be sent to the email address you have given. This can be either your organization email address or a personal email address. Click on the link contained in the email to proceed and confirm your registration details.
- If you do not see an activation email in your inbox, please check your Junk / Spam or Trash folder for a message from <u>donotreply@cybergrants.com</u>.
- If you still cannot locate the activation email, please click on the link given on the registration page: Click here to send a new activation email

LE	LOGOUT

EDIT PROFI

Welcome, Susan Perry

The organization you are currently associated with Susan Perry.

You can submit and manage your funding request(s) to Novartis via this portal. All submitted requests are immediately sent to Novartis for review and further consideration. Novartis will contact you for additional information as needed via impact report.

We recommend that you <u>familiarize yourself with funding request submission process</u> before you begin.

If you submit requests on behalf of different organizations, make sure you have selected the correct profile. If you need to create an additional profile click here to add a new organization to your account.

To begin a new request, click on the appropriate funding category type button below. You can save a partially completed application and return to it later by clicking on the "Continue" button next to the associated Program Title.

If you face any technical difficulties or have any questions during submission, use the "Need Support" link located at the bottom of every page to contact our support team.

Welcome Page	Organization Information	Contact Information	Proposal Information	Requested Funding	Attachments	Attestation

Click a button below to start a new application

Grants

Step 4

- Once registered, you have access to your own Welcome Page.
- If you have made requests in the past, these will show on the dashboard on your Welcome Page. If you have not submitted any past requests, the dashboard will be blank.
- You can use the dashboard to manage all ongoing requests and submit new ones.



Global Governance Office GEMS

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Section 2

Submitting a new request

EDIT PROFILE LOGOUT

Welcome, Susan Perry

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	Welcome Page	Organization Information	Contact Information	Proposal Information	Requested Funding	Attachments	Attestation
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Click a button below to start a new application



Step 1

 If you work with multiple organizations and you are making the first application for a new organization, please use the link click here to add a new organization to your account. You will be asked to select the organization's region and complete basic registration information (refer slide 7 & 8).

EDIT PROFILE

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Welcome Page	Organization Information	Contact Information	Proposal Information	Requested Funding	Attachments	Attestation

Click a button below to start a new application



Step 2

• Click on the **Grants** button at the bottom of your Welcome Page.

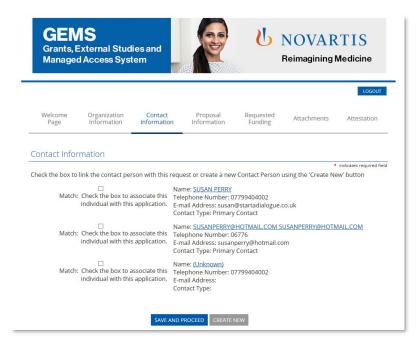
Grants

Unsolicited, independently requested monetary contribution for a specified purpose to support medical / scientific research, education, policy initiatives, and patient advocacy activities where Novartis will receive no benefit. Grants will not be provided to political parties

GEMS Grants, External Studies a Managed Access System	and	Ա	NOVAR Reimagining	
	Contact Proposal ormation Information	Requested Funding	Attachments	LOGOUT
	ion type). Please note that the Request funding request is approved		n will be the Payee if the	* indicates required field
Please review your Organizatio	n information provided below and ensu	ire it is up-to-da	te and reflects updated	
* Organization Legal Name	Susan Perry	~		
* Organization Legal Name * Country * Address Address 2	Susan Perry United Kingdom Bridge End	~		
* Country * Address	United Kingdom	~		

Step 3

- Review the auto-completed information (taken from the Registration Information) and edit or update any further information as required.
- Once complete, select Save and Proceed to move to the next tab. This will also ensure the content is saved should you need to return to the request.
- You will be able to see your progress on the dashboard shown at the top of each page. You can use the headings on the dashboard to move around within the application by clicking on them and you do not have to complete one section before moving to another. However, to avoid losing any information you have inserted on a page, you must click **Save and Proceed** before leaving any page.
- **IMPORTANT NOTE**: GEMS does not automatically save data, so it is important to click **Save and Proceed** when you complete any page.



Step 4

- To create a new contact, click on **Create New** button.
- Provide contact information and save. Once saved, contact information will be displayed.
- Check/ Tick the box which relates to your **Contact Details**. There may be more than one box, in this case ensure you select the correct box as these will become your primary contact details.
- Select Save and Proceed to move to the next tab.

Note: The contact information provided here can be used by Novartis to communicate with you if required. Therefor provide the updated information for every request you submit.

GEMS Grants, External Studies Managed Access System	and			NOVAR Reimagining I	
		oosal nation	Requested Funding	Attachments	LOGOUT
Proposal Information	Please select Novarti	is Division			indicates required field
* Geographical Outreach of the	✓ Please indicate if the	Program		da da	
Program * Program Start Date	country or multiple o	ountries.			
* Program End Date	MM/DD/YYYY				
* Source of Funding Support * Currency of Request	~	~			
* Amount of Request					

Step 5

- Complete all required information on the **Proposal Information** tab, including **Program Details** and **Event Details** (if appropriate).
- A (?) to the right of any field title indicates that further explanation of the field requirement is available by clicking on the (?) icon.
- **Geographical Outreach of the Program:** select *single country* and corresponding *country of request*.
- Program start date* (US date format: MM/DD/YYYY): this is the planned 'Day One' date when the activity for your program will start.
- **Program end date** (US date format: MM/DD/YYYY): this is the planned date you expect to close your program following completion.

* Countries may require different lead time after request submission, the exact requirement is noted in the application when a country is selected.

Proposal Information	
	 indicates required field
* Division (?)	Please select Novartis Division you would like to submit this request.
* Geographical Outreach of the Program	Please indicate if the Program activity and/or Target Audience are limited to one country or multiple countries.
* Program Start Date	MM/DD/YYYY
* Program End Date	MM/DD/YYYY
* Source of Funding Support	~
* Currency of Request	~
* Amount of Request	
* Total Estimated Program Cost	Provide the total estimated cost of the program.

Step 5 (Continued)

- In "Currency of Request", select the local currency code and then enter "Amount of Request".
- Enter **Total Cost of the Program**. Do not use any special character (for e.g., .) when entering cost in this field.

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• Select Save and Proceed to move to the next tab.

* Outcome Measurement Plan	Describe the plan to measure the effectiveness of the program to meet the objectives. (1000 character maximum)
* Is this request for an Independent Medical Education Program?	Yes 🗸
Educational Activity Details	
	Is this request for an activity that will be certified to provide Continuing Education credits for Healthcare Professionals?
* Do you have an Education Partner(s) associated with this program?	```
* Delivery of Format (?)	Enduring Live Event Print Web Other V

Step 5 (Continued)

- If the Grant Request is for a medical education program, Select "Yes" for "Is this Request for an Independent Medical Education Program".
- When selected "Yes", additional Fields related to educational activity details will be displayed which needs to be completed

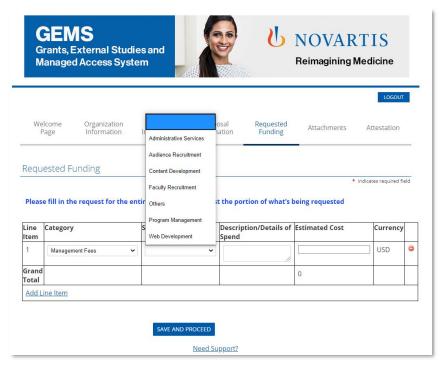
Independent Medical Education Program: An

Independent Medical Education Program is generally defined as an educational program for healthcare professionals (HCPs) provided by an independent educational provider, such as a community hospital, academic centre, society/association or medical education and communication company.

Event Details	
* Does this program include any Live Events?	Yes 🗸
* How many Live Events will take place?	1 ~
* Event Venue 1	
* Event Address 1	
* Event City 1	
* Event Country 1	~
	SAVE AND PROCEED
	Need Support?

Step 5 (Continued)

- If the Grant program include any Live Events, i.e. face-to-face meetings, summits, conferences, etc. select "Yes" for Does this program include any Live Events?
- When selected "Yes" additional field will be displayed to provide additional information about live event. Select no. of events and provide details such as Venue, Address, City and Country for each event.



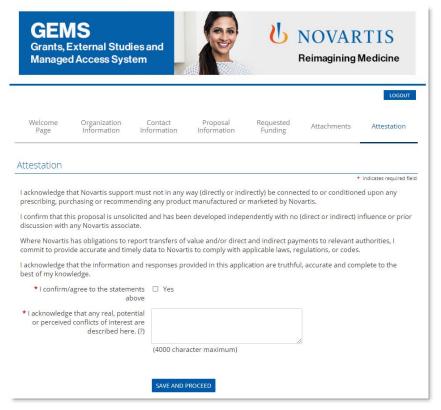
Step 6

- The next screen for completion will ask you for further detail around the breakdown of the total program cost.
- For every category of the spend all fields need to be completed.
- Select from the drop down appropriate category of spend.
- Dependent on which category is selected, a selection of subcategories will be provided in a drop-down list.
- An open field box is provided for Description / Details of Spend.
- Fill in the Estimated Cost for each category. Grant total for estimated cost must be equal to the Total Program Cost under **Program Details** in the Proposal Information section. Do not use any special character (for e.g., .) when entering cost in this field.
- Should you wish to add a further line item, click Add Line Item.
- · Click Save and Proceed.



Step 7

- For Grant application, mandatory upload of a Formal Letter of Request (LOR) as well as a Full Program Proposal is required.
- To upload a document, click the blue **Upload File** button. A pop-up window will appear with instructions on locating the correct file.
- Once located click the **Upload File** instruction in the pop-up window to upload the selected file.
- Following upload, click Close window.
- Any additional documents can be uploaded under OTHER Supporting Documents. If you would like to provide any additional information use Additional Comments.



Step 8

- The final page is for the Attestation.
- An open field dialogue box is available for the declaration of any conflicts of interest.
- Click Save and Proceed.







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Review Your Application

Please review the details carefully before you click on "SUBMIT" button. After clicking the Submit button, you will not be able to make any further changes.

If you need to change any information, click on appropriate section link. You will then be re-directed to appropriate section to make the changes. If you don't want to submit your request at this time, click the "Save Only" button. The request will then be saved under "In-progress Requests.'

Organization Information



Step 9

- The final page requests a review of the application information
- If there are no changes to be made, click **Submit**. Please note that once submitted, no further changes can be made to the request.
- The information submitted can be viewed by selecting **View** for the relevant request on the **Welcome Page**.
- Once request is submitted, you will see a confirmation message on screen.
- Your funding request is successfully submitted to Novartis. You will be notified in due course of time about Novartis's decision on your request.
- To print a copy of this request, press *ctrl* + *P* on the keyboard and select appropriate printer.



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Section 3

Managing a request

Introduction

- This section covers:
 - Reviewing and approving your request
 - Providing further information
 - Reconciling your request



Reviewing and approving your request

tion Project Title Proposal Type Application Date Intimue Project Title 1 0.3/02/2020 Grant Application Grant Application Intimue Project Title 1 0.3/02/2020 Grant Application Grant Application Intimue Test 3 0.4/14/2020 Sponsorship & Membership Application Grant Application Intimue test 1 0.4/14/2020 Grant Application Intimue test Intimue test Intimue test 2 0.4/14/2020 Grant Application Intimue test Intimue test	ton Amos \$0. \$0. 1.00 C 1.00 A 1.00 A 1.00 A 1.00 A \$0. \$0.
Date Date Date Propest Type Application OSID022020 Grant Application OSID022020 Grant Application Initianage Project Title 1 OSID022020 Grant Application Initianage Project Title 1 OSID022020 Grant Application Initianage Project Title 1 OSID022020 Grant Application Initianage Less 1 O4/14/2020 Sponsorship & Membership Application Initianage Less 1 O4/17/2020 Grant Application Initiange Less 1 O4/17/2020 Sponsorship & Membership Application Initiange Less 1 O4/17/2020 Sponsorship & Membership Application Initiange Less 1 O4/17/2020 Grant Application Initiange Less 1 O4/17/2020 Grant Application Initiange Project Title 1 O6/25/2020 Grant Application Initiange Project Title 1 O7/08/2020 Grant Application	\$0. \$0. 1.00 A 1.00 A 1.00 A 1.00 A 50.
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tion Project Title Date Proposal Type Applicati	
	tion Amou
-progress Requests	
ze test Grants Outcome Report Or	6/21/20
ze test Grants Transparency Report O	6/21/20
ze test Grants Program and Educational Outcomes 1 Report	1/03/20
ze test Grants Program and Educational Outcomes 1 Report	1/03/20
	3/12/20
International Brain Tumour Alliance 2020 Grants Change of Scope 0 Programme of Works	8/13/20
	ort Due Da

- After the request is submitted, it will appear in the Submitted Requests section on your Welcome Page whilst it undergoes a formal review process.
- The status will show in the Status column with and include one of the following:
 - Submitted meaning it has been received by Novartis but has not yet been assigned to a Novartis Request Owner
 - Under review meaning it has been assigned to a Novartis Request Owner and the internal review is ongoing
 - Approved meaning it has been approved
 - Declined meaning it has been rejected
 - System will share auto notification at the time of request submission as well as, once request is Approved and/ or Declined.

Providing further information

- During the review process, the Novartis Request Owner may require further information from you.
- There are two ways in which this might happen:
 - By using the **Return to Applicant** functionality and requesting further information
 - By triggering a Grants Additional Information Impact Report.
- We explain the process for both in the following slides.

Return to Applicant

Click a button below to start a new application

	Grants		
Pending Impact Report			
Action Project Title	Report Typ	e	Report Due Date
Due GEMS Virtual Training - Bangladesh Team	Grants Tr	ansparency Report	11/22/2020
Due GEMS Virtual Training - Bangladesh Team	Grants Ou	utcome Report	11/22/2020
Due Return applicant Aug 24	Grants Ac	ditional Information	08/28/2020
In-progress Requests Action Project Title Revise Welcome Grant Test	Application Date 08/20/2020	Proposal Type Grant Application	Application Amount 2,000.00 EUR
Action Project Title	Date		
Action Project Title Revise Welcome Grant Test	Date		
Action Project Title Revise Welcome Grant Test Comments: Please provide more information	Date 08/20/2020	Grant Application	2,000.00 EUR
Action Project Title Revise Welcome Grant Test Comments: Please provide more information Continue Project Title	Date 08/20/2020 08/24/2020	Grant Application	2,000.00 EUR \$0.00

- If the Novartis Request Owner uses the Return to Applicant functionality, you will receive an automated email and the request will move to the In-progress Requests section. It will also include a comment explaining why it has been returned to you.
- To provide the information, click on the blue **Revise** link and follow the on-screen instructions.

Welcome Page	Organization Information	Contact Information	Proposal Information	Requested Funding	Attachments	Attestatio
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Click a button below to start a new application



Pen	ding Impact Report		
Action	Project Title	Report Type	Report Due Date
Due	International Brain Tumour Alliance 2020 Programme of Works	Grants Additional Information	08/13/2020
Due	test	Grants Additional Information	03/12/2020
Due	test	Grants Program and Educational Outcomes Report	11/03/2020
<u>Due</u>	test	Grants Program and Educational Outcomes Report	11/03/2020
Due	test	Grants Transparency Report	06/21/2020
Due	test	Grants Outcome Report	06/21/2020

In-progress Requests

Action Project Title	Application Date	Proposal Type	Application Amount
Continue Project Title a	03/02/2020	Grant Application	\$0.00
Continue Project Title	03/03/2020	Grant Application	\$0.00
Continue test 📽	04/14/2020	Sponsorship & Membership Application	1.00 CNY
Continuetest	04/14/2020	Grant Application	1.00 ARS
Continue test	04/17/2020	Grant Application	1.00 AUD
Continue test 📽	04/17/2020	Sponsorship & Membership Application	1.00 AUD
Continue test	04/27/2020	Sponsorship & Membership Application	1.00 AUD
Continue Project Title	06/25/2020	Grant Application	\$0.00
Continue Project Title a	07/08/2020	Grant Application	\$0.00

Submitted Requests

Action Project Title	Application Date	Proposal Type	Application Amount	Status
Display activity for year: 2020 2019				
View test	04/27/2020	Donations	1.00 AUD	Approved 1.00 AUD

- If the Request Owner triggers a Grants Additional Information Impact Report, it will appear in this section along with the date by when it needs to be completed.
- To access the report, click on the relevant blue **Due** link.
- Once completed, the Impact Report will no longer appear on this list.



U NOVARTIS		
		LOGOUT
Welcome Page	Request Information	Impact Information
Request Information		
Program Title	test	 Indicates required field
Program Start Date		
Program End Date	03/03/2020	
	SAVE AND PROCEED	

- When you click on the blue Due link, you will be taken to the Request Information tab which includes the program title, start and end dates per your original request.
- Click Save and Proceed to continue.



		LOGOUT
Welcome Page	Request Information	Impact Information
npact Information		
		 indicates required field
Additional Comments		
	(4000 character maximum)	
Additional Documents	UPLOAD FILE	
	SAVE AND PROCEED	
	Need Support?	
TERMS OF USE	RIVACY AND COOKIES POLICY	ACT US Copyright © Novartis 2020

- This takes you to the **Impact Information** tab.
- Provide information as requested by Novartis.
- Additional supporting documents can be uploaded by selecting Upload File.
- Select Save and Proceed to continue.



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Review Your Impact Report	
Only" button. The impact report will then I	ion. If you are not ready to submit your impact report at this time, click the "Save be available to edit from the Welcome page. Clicking the Submit button will nd you will then be unable to perform further editing.
Request Information	
Program Title	Return applicant Aug 24
Program Start Date	08/25/2020
Program End Date	08/25/2020
Impact Information	
	 Indicates required field
Additional Comments	Additional Information is uploaded
Additional Documents	Test.docx (11.24 K), uploaded by Kathy Hartmann on 08/28/2020
	SUBMIT SAVE ONLY
	Need Support?

- This takes you to the **Review Your Impact Report** tab.
- Review the information you have submitted carefully before submitting.
- If any changes to be made, click on impact information link and update as necessary.
- Once you are ready to submit, click **Submit**. After submitting no further changes can be made.

Reconciling your request

- When your program is completed, you will need to reconcile your request by completing further **Impact Reports**.
- There are three in total and these are explained on the next slide.
- Your Welcome Page includes a section for **Pending Impact Reports** (see slide 28).
- When an Impact Report becomes due, it will appear in this section along with the date by when it needs to be completed.
- To access the report, click on the relevant blue **Due** link.
- You have 90 days in which to complete any Impact Report from the date of notification.
- Once completed, the Impact Report will no longer appear on this list.

Impact Reports for Reconciliation

Name of report	Required for	Purpose	When triggered
Transparency Report	All Grants requests	To confirm how the funds were used and if funding was given to other individuals or organisations	Sent automatically by GEMS once the Program End Date is reached
Outcomes Report	All Grants requests	To confirm how much money has been spent and if any refund may be due	Sent automatically by GEMS once the Program End Date is reached
Program and Educational Outcomes Report	Grants requests involving educational activities	To confirm whether the educational outcomes for the project were achieved	If applicable, sent automatically by GEMS once the Program End Date is reached

Transparency Report

U NOVARTIS		
		LOGOUT
Welcome Page	Request Information	Impact Information
Request Information		
		* indicates required field
Program Title	Test	
Program Start Date	07/08/2020	
Program End Date	07/08/2020	
	SAVE AND PROCEED	
	Need Support?	

When you click on the blue **Due** link, you will be taken to the **Request Information** tab which includes the Program title, start and end dates per your original request.

Click Save and Proceed to continue.

Transparency Report

Welcome Page	Request Information	Impact Information
weicome Page	Request information	impact mormation
mpact Information		
		 Indicates required
 Were any Novartis funds from this request used for transfer of value 	v	
and/or direct and indirect payments that require reporting to relevant	No	
authorities?	Yes	
	SAVE AND PROCEED	
	SAVE AND PROCEED	
uport information	SAVE AND PROCEED	
apact Information	SAVE AND PROCEED	 indicates requir
Were any Novartis funds from this requ		direct and indirect Yes \vee
Were any Novartis funds from this requ	est used for transfer of value and/or	direct and indirect Yes \vee
Were any Novartis funds from this requ	est used for transfer of value and/or	direct and indirect Yes v levant authorities?
Were any Novartis funds from this requ	est used for transfer of value and/or ayments that require reporting to re nization Tax Contact e _ ID/EIN _ First	direct and indirect levant authorities? Search: Contact Middle Last Suffix
Were any Novartis funds from this requered any Novartis funds from this requered for the second seco	est used for transfer of value and/or ayments that require reporting to re nization Tax Contact	direct and indirect levant authorities? Search: Contact Contact Contact Contact

- This takes you to the **Impact Information** tab.
- Answer the question by selecting either No or Yes from the drop-down list.
- If the answer is Yes, you are required to provide further information.
- To do this, select Create New.
- This brings up the Spend Detail Information Window, Complete all details and click Save.
- This returns you to the Impact Information tab where you click Save and Proceed to continue.

Transparency Report

U NOVARTIS

Review Your Impact Report

Please review your impact report information. If you are not ready to submit your impact report at this time, click the "Save Only" button. The impact report will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the report to Novartis and you will then be unable to perform further editing.

* indicates required field

Request Information

Program Title Test

Program Start Date 07/08/2020

Program End Date 07/08/2020

Impact Information

* Were any Novartis funds from this No request used for transfer of value and/or direct and indirect payments that require reporting to relevant

- This takes you to the **Review Your Impact Report** tab.
- Review the information you have submitted carefully before submitting.
- If any changes to be made, click on impact information link and update as necessary.
- Once you are ready to submit, click Submit. After submitting no further changes can be made.

NOVARTI	S		LOGOUT
Welcome Page	Request Information	Impact Information	Spend Details
equest Information			
De	aram Titla Tast		 indicates required field
	ogram Title Test Start Date 07/06/2020		
-	n End Date 07/07/2020		
	SAVE AND PROCEED		

- When you click on the blue **Due** link, you will be taken to the **Request Information** tab which includes the project title, start and end dates per your original request.
- Click Save and Proceed to continue.



			LOGOUT
Welcome Page Requ	uest Information	Impact Information	Spend Details
Impact Information			
* Did your Program occur?	~		 Indicates required fiel
* Please describe the Actual Results of the program			
	(4000 character max		d .
\star Please describe the objectives fulfilled			
	(4000 character max	imum)	
* Are there any payments required to be disclosed under Sunshine Act Payment?	~		
* Are there any future activities Planned?	~		
Supporting Documents	Please upload suppo	rting documents.	
	SAVE AND PROCEED		

- This takes you to the **Impact Information** tab.
- Complete all fields marked with a red asterisk.
- Depending on the answers given, additional details may be required. Complete these as necessary.
- While not mandatory, you can upload additional supporting documents by selecting Upload File.
- Click Save and Proceed to continue.

								LOGOU
	Welcome	e Page	Request Information	n	Impact Info	ormation		Spend Details
-p	end Detail	5						* indicates required
R	equested F	unding				Novart		
	equested F	unding Sub- Category	Description/Details of Spend	Estimated Cost	-	Entries Novartis Support	Novartis Total Approved	Actual Cost
	-	Sub-			-	Entries Novartis Support	Novartis Total	

- This takes you to the **Spend Details** tab.
- Enter the **Actual Cost** of the spend category in the field to the right-hand side.
- Once completed, select Save and Proceed to continue.



U NOVARTIS

Review Your Impact Report

Request Information

Please review your impact report information. If you are not ready to submit your impact report at this time, click the "Save Only" button. The impact report will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the report to Novarits and you will then be unable to perform further editing.

Requested Funding		Novartis Entries	
		* indicates requi	red field
Spend Details			
Supporting Documents			
* Are there any future activities Planned?	No		
 Are there any payments required to be disclosed under Sunshine Act Payment? 	Yes		
* Please describe the objectives fulfilled	test		
* Please describe the Actual Results of the program	test		
* Did your Program occur?	Yes		
Impact Information		* indicates requi	ired field
Program End Date	07/07/2020		
Program Start Date	07/06/2020		
Program Title	Test		

- This takes you to the Review Your Impact Report tab.
- Review the information you have submitted carefully before submitting.
- If any changes to be made, click on impact information link and update as necessary.
- Once you are ready to submit, click Submit. After submitting no further changes can be made.

Program and Educational Outcomes Report

		LOGOUT
Welcome Page	Request Information	Impact Information
Request Information		* indicates required field
Program Title	grant portlet july 16	 indicates required ties
Program Start Date	07/16/2020	
Program End Date	07/17/2020	
	SAVE AND PROCEED	

- When you click on the blue Due link, you will be taken to the Request Information tab which includes the project title, start and end dates per your original request.
- Click Save and Proceed to continue.



Program and Educational Outcomes Report

			 Indicates required field
* Provide actual numbers for the Target	-	Allied Health Professionals	
Audiences for which this activity was certified	-	Caregivers	
		Dietitian	
		General Public	
		Healthcare Administrators	
		Nurse Practitioners	
	[Nurses	
		Patients	
	r	Payers	
	-	Pharmacist	
		Physician Assistants	
	[Physicians - Primary Care	
		Physicians - Specialty	
	0.00 Total		
* Please indicate the highest number of		V	
education outcomes achieved, based on Moore's levels	-	<u>v</u>	
* Approximately what percentage of	~		
learners indicated there was no bias within this IME Activity?			
* Approximately what percentage of	~		
earners stated the educational objectives for the activity were achieved?			
* Approximately what percentage of	V		
arners indicated they learned something new as a result of this educational activity?			
* Approximately what percentage of	~		
learners indicated they intend to change behaviors by applying new			
learning/knowledge or skills in clinical practice?			
* Approximately what percentage of			
learners indicated they did change their behaviors as a result of this educational activity?			
* Were any new findings, barriers, or	Yes		
insights gained by learners as a result of the IME activity?			
Please describe new findings, barriers,			
or insights gained by learners as a result of the IME activity.		0	
	(4000 character max	imum)	
If measured, please indicate the			
approximate number of patients that learners indicated would benefit from them having participated in this IME			
activity.			
Supporting Documents	Please upload suppo	ting documents.	
	SAVE AND PROCEED		
		upport?	

- This takes you to the **Impact Information** tab.
- Complete all fields marked with a red asterisk.
- Depending on the answers given, additional details may be required. Complete as necessary.

- While not mandatory, you can upload additional supporting documents by selecting Upload File.
- Click Save and Proceed to continue.

Program and Educational Outcomes Report

Review Your Impact Report

Please review your impact report information. If you are not ready to submit your impact report at this time, click the "Save Only" button. The impact report will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the report to Noversis and you will then be unable to perform further editing.

Request Information		
Program Title		
Program Start Date	08/04/2020	
Program End Date	08/05/2020	
mpact Information		
		 indicates required field
 Provide actual numbers for the Target Audiences for which this activity was certified 	Allied Health Professionals 10.00 Caregivers 10.00 Dietitian 0.00 General Public 0.00 Healthcare Administrators 0.00 Nurse Practitioners 0.00	
	Total 20.00	
 Please indicate the highest number of education outcomes achieved, based on Moore's levels 	Level 4 - Competency	
* Approximately what percentage of learners indicated there was no bias within this IME Activity?	70-84%	

- This takes you to the Review Your Impact Report tab.
- Review the information you have submitted carefully before submitting.
- If any changes to be made, click on impact information link and update as necessary.
- Once you are ready to submit, click Submit. After submitting no further changes can be made.



Global Governance Office GEMS

TTTTTTTT XXXXXXXXXX YYYYYYYYY **YXXYXXXXX** YYYYYYYYY **YXXYXXXXX** \mathbf{X} YXXYXXXYXXXXYYYYYYYYY **YXYYXXYYY** YYYYYYYY **LYYLYYLY** YXXXXXXXX YYXYYXYYY YXXYXXXYY **XXXXXXXXXX XXXXXXXXXX YXXXXXXXX** \mathbf{x} \mathbf{x} $YY \downarrow YY \downarrow YY \downarrow YY$ **XXXXXXXXXX** YYXYYXYYY**YXXYXXXXX** YYXYYXYYY YXXYXXXXX YYYYYYYYY 447777777777 4477777777777 **XXXXXXXXXX** YYYXYYXYY



Additional information

Approval workflow

3 Applicant submits request and **Request Owner** assess Request received and Applicant registers on portal uploads supporting information request and submits for review assigned to a Request Owner where relevant with three possible outcomes Status: Pending Status: Pending Further information required Approved Rejected Request Owner informs **Request Owner** requests **Request Owner** notifies information from Applicant Applicant Applicant Status: Approved Status: Pending Status: Declined **Applicant** signs Agreement Applicant provides information and submits Impact Reports as and **Request Owner** submits for review required Status: Approved Status: Pending **U**NOVARTIS | Reimagining Medicine **XXXXXXXXXX TTTTTTT YXXYXXXXX** YYYYYYYYY LYYLYYLYL YYXYXXYYY **XXXXXXXXXX YXXYXXXXX** YYXYYXYYY YXXYXXXXX **XXXXXXXXXX** YYXYXXYYY **XXXXXXXXXX** YYYYYYYY YXXYXXXYX YYYYYYYYY **LYYLYYLY** ŶŶĹŶŶĹŶŶŶŶ ⅄ŶŶ⅄ŶŶ⅄ŶŶŶ ŶŶĹŶŶĹŶŶĬŶ ŁŶŶĹŶŶĹŶĹŶ **TTTTTTT YXXYXXXXX** YYXYXXYYY LYYLYYLYLY YYYYYYYYY LYYLYYLYL YYXYYXYYY **YXXYXXXXX** \mathbf{X} **XXXXXXXXXX** \mathbf{x} XYXXYXXXX YYYYYYYYY **XXXXXXXXXX** YYYXYYYYY

Thank you