

# Global Grants and Charitable Donations

Requestor Training Guide

Effective August 5, 2019

abbvie



# Requestor – Request Workflow and Other Functionalities

## Request Workflow

[Registration](#)

[Request Submission](#)

- [Education and Fellowships & Scholarships](#)
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[Additional Information Needed and Amendments](#)

[Letter of Agreement](#)

[Reconciliation](#)

## Other Functionalities

[Requestor's Inbox](#)

- [View/Print Agreement](#)
- [Update User Profile](#)
- [Change Password](#)

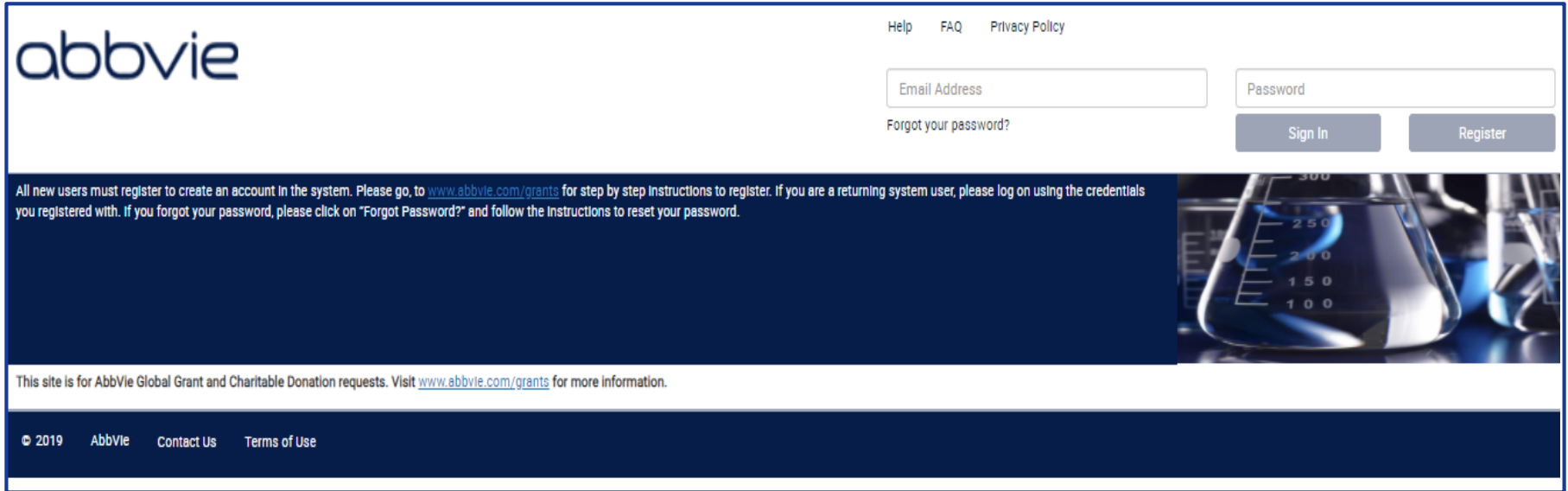
**Note:** Click on titles above to advance to any section.



Throughout the application, hover over help bubble for additional information for that field.

## How do I register in the system?

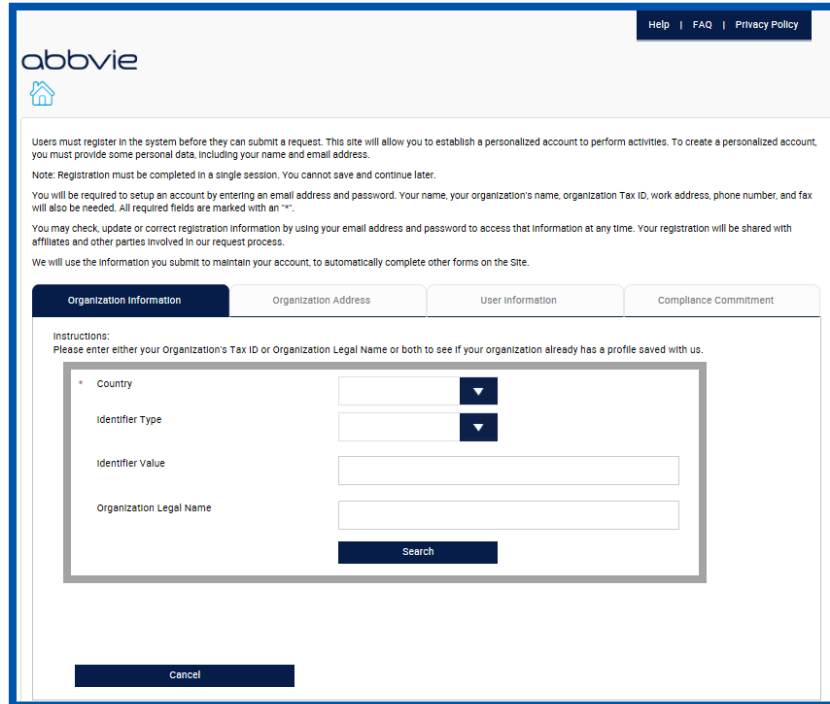
STEP 1. Navigate to the Request Management System and click “Register”.



The screenshot shows the AbbVie registration page. At the top left is the AbbVie logo. To the right are links for Help, FAQ, and Privacy Policy. Below these are two input fields: "Email Address" and "Password". Under the "Email Address" field is a link for "Forgot your password?". To the right of the input fields are two buttons: "Sign In" and "Register". A dark blue banner below the registration form contains the following text: "All new users must register to create an account in the system. Please go to [www.abbvie.com/grants](http://www.abbvie.com/grants) for step by step instructions to register. If you are a returning system user, please log on using the credentials you registered with. If you forgot your password, please click on “Forgot Password?” and follow the instructions to reset your password." To the right of this banner is a photograph of laboratory glassware, including a large Erlenmeyer flask and several beakers, all containing blue liquid. At the bottom of the page, a dark blue footer contains the text: "This site is for AbbVie Global Grant and Charitable Donation requests. Visit [www.abbvie.com/grants](http://www.abbvie.com/grants) for more information." Below the footer are links for © 2019, AbbVie, Contact Us, and Terms of Use.

## How do I register in the system?

STEP 2. The system will require you to search for your organization first. Enter in the Country, Tax ID and/or Organization Legal Name to search the system.



The screenshot shows the Abbvie registration interface. At the top right, there are links for Help, FAQ, and Privacy Policy. The Abbvie logo and a home icon are on the left. Below the logo, there is a paragraph of text explaining that users must register before submitting a request and that they must provide personal data. A note states that registration must be completed in a single session. Another paragraph explains that users will be required to set up an account by entering an email address and password, and that their registration will be shared with affiliates. A final paragraph states that the information submitted will be used to maintain the account and complete other forms.

Below the text is a navigation bar with four tabs: Organization Information (selected), Organization Address, User Information, and Compliance Commitment. Under the Organization Information tab, there are instructions: "Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us." Below the instructions is a search form with the following fields: Country (a dropdown menu with a plus sign on the left and a downward arrow on the right), Identifier Type (a dropdown menu with a downward arrow on the right), Identifier Value (a text input field), and Organization Legal Name (a text input field). A Search button is located at the bottom right of the form. At the bottom of the page, there is a Cancel button.

## How do I register in the system?

STEP 3. If your organization is not within the system, click “Add a New Organization”. You will be required to enter the proper information and documentation to register the organization.

Users must register in the system before they can submit a request. This site will allow you to establish a personalized account to perform activities. To create a personalized account, you must provide some personal data, including your name and email address.

Note: Registration must be completed in a single session. You cannot save and continue later.

You will be required to setup an account by entering an email address and password. Your name, your organization's name, organization Tax ID, work address, phone number, and fax will also be needed. All required fields are marked with an \*.

You may check, update or correct registration information by using your email address and password to access that information at any time. Your registration will be shared with affiliates and other parties involved in our request process.

We will use the information you submit to maintain your account, to automatically complete other forms on the Site.

**Organization Information** | Organization Address | User Information | Compliance Commitment

Instructions:  
Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us.

\* Country: United States  
Identifier Type: [Dropdown]  
Identifier Value: [Text Field]  
Organization Legal Name: [Text Field]

Search

Results

Organization Legal Name	Address Line 1	Country	City	State/Province/Region	Postal Code	Select
BRD Health Care	New City	United States	New City	ID	11111	<input type="radio"/>
testorg	testorg	United States	New York	CT	12345	<input type="radio"/>
AbbVie Demo Org	319 George Street	United States	New Brunswick	NJ	12123	<input type="radio"/>
Pradeep Abbvie	123 HG Road	United States	abc	CA	45878	<input type="radio"/>
External2	Chicago	United States	Chicago	AL	45612	<input type="radio"/>

1 2 3

Add a New Organization

### Required Documents:

- W-9/W-8 BEN-E form, (current version)
- Accreditation Certificates (all that apply)
- Mission Statement

# How do I register in the system?

## STEP 4. Enter Organization Information.

**\* Identifier Information**  
Please ONLY provide your Organization's Tax Identification information. Any personal identifiers will be captured in the system at a later time.

Country	Identifier Type	State	Identifier Value	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>

**Add Additional Identifier**

\* Country   

\* Organization Legal Name  Legal Name must match as stated on W-9/W-8.

\* Are you part of a larger parent organization?  Yes  No

\* Organization Type

\* Tax Status   

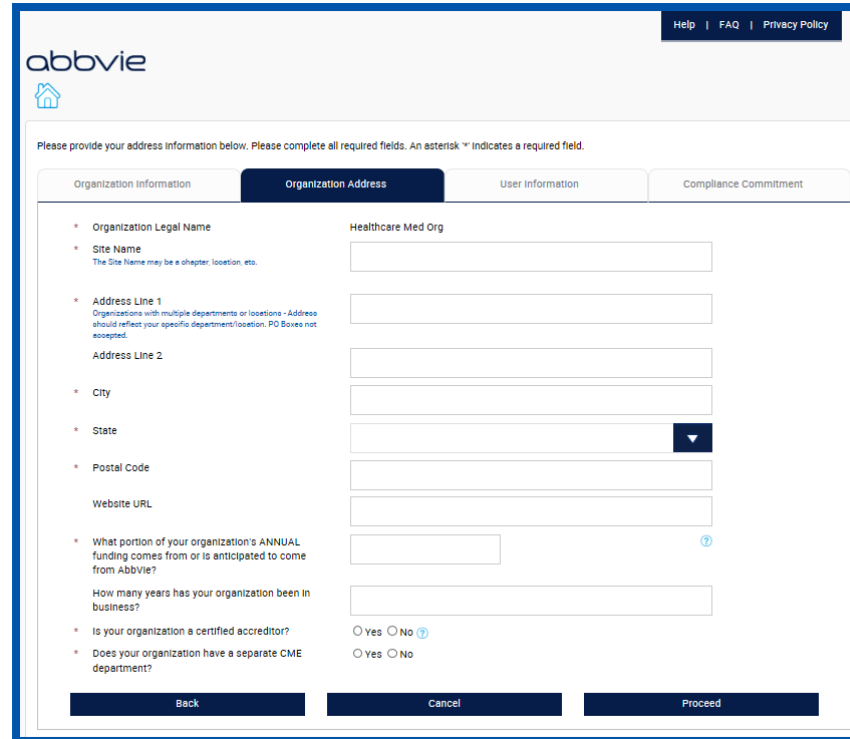
\* Organization Description   
Please describe the mission of your organization. If your organization has a specific expertise, please list it here. Limit of 500 characters.

\* Organization's Mission Statement

\* Tax Documentation

# How do I register in the system?

STEP 5. Enter Organization Address.



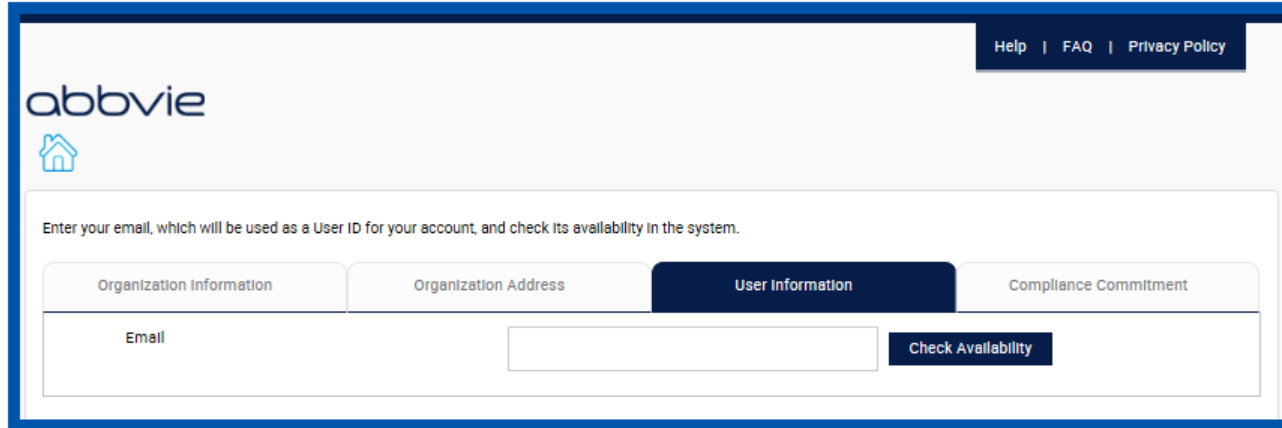
The screenshot displays the Abbvie registration interface. At the top left is the Abbvie logo and a home icon. A navigation bar at the top right contains links for 'Help', 'FAQ', and 'Privacy Policy'. Below the logo, a message states: 'Please provide your address information below. Please complete all required fields. An asterisk \* indicates a required field.' The form is divided into four tabs: 'Organization Information', 'Organization Address' (which is active), 'User Information', and 'Compliance Commitment'. The 'Organization Address' tab contains the following fields:

- \* Organization Legal Name:** Healthcare Med Org
- \* Site Name:** (Empty text box, with a note: 'The Site Name may be a chapter, location, etc.') (Required)
- \* Address Line 1:** (Empty text box, with a note: 'Organizations with multiple departments or locations - Address should reflect your specific department/location. PO Boxes not accepted.') (Required)
- Address Line 2:** (Empty text box)
- \* City:** (Empty text box) (Required)
- \* State:** (Dropdown menu) (Required)
- \* Postal Code:** (Empty text box) (Required)
- Website URL:** (Empty text box)
- \* What portion of your organization's ANNUAL funding comes from or is anticipated to come from Abbvie?** (Empty text box, with a help icon) (Required)
- How many years has your organization been in business?** (Empty text box)
- \* Is your organization a certified accretitor?** (Radio buttons: Yes, No) (Required)
- \* Does your organization have a separate CME department?** (Radio buttons: Yes, No) (Required)

At the bottom of the form are three buttons: 'Back', 'Cancel', and 'Proceed'.

## How do I register in the system?

STEP 6. Enter an email in the User Information Tab. The system will check to make sure the email is not already in use.



The screenshot displays the Abbvie registration interface. At the top left is the Abbvie logo and a home icon. In the top right corner, there are links for Help, FAQ, and Privacy Policy. Below the logo, a text prompt reads: "Enter your email, which will be used as a User ID for your account, and check its availability in the system." Below this prompt is a horizontal navigation bar with four tabs: "Organization Information", "Organization Address", "User Information" (which is currently selected and highlighted in dark blue), and "Compliance Commitment". Under the "User Information" tab, there is a form with a label "Email" on the left, an empty text input field in the center, and a dark blue button labeled "Check Availability" on the right.



# How do I register in the system?

STEP 7. If email address is unique, enter User Information.

Home | Help | FAQ | Privacy Policy

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Enter your email, which will be used as a User ID for your account, and check its availability in the system.

Organization Information | Organization Address | **User Information** | Compliance Commitment

**Email** requestorms@yopmail.com

\* Re-enter email

\* Password   
Note: Password must be 8-12 characters and must contain at least two of the following: uppercase letters, lowercase letters, or a symbol.

\* Confirm Password

\* Security Question    
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 Answer

Title

\* First Name

\* Last Name

\* Business Role

\* Primary Phone ( ) - - - - -

Secondary Phone ( ) - - - - -

Fax ( ) - - - - -

Secondary Contact Title

Secondary Contact Name

Secondary Contact Phone ( ) - - - - -

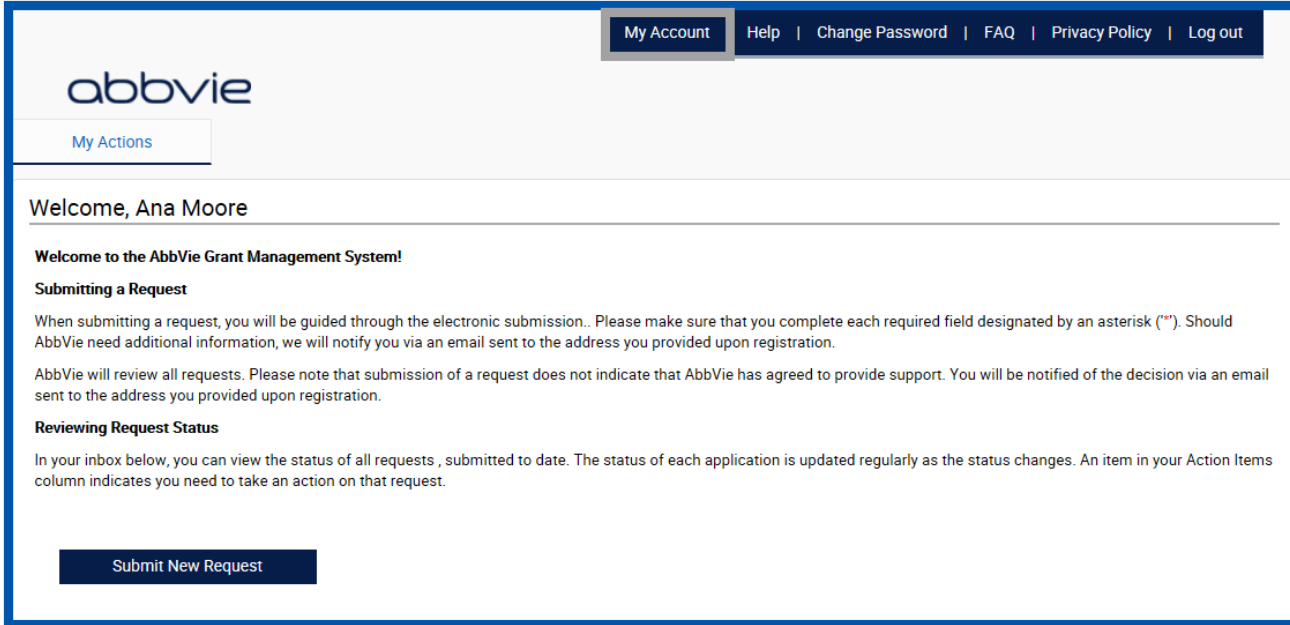
Secondary Contact Email

\* If the funding request submitted requires a Letter of Agreement, do you have the legal authority to sign on behalf of your organization?  Yes  No



# How do I update my profile?

STEP 1. Within your inbox, locate “My Account” on the top header.



The screenshot shows the user interface of the AbbVie Grant Management System. At the top right, there is a navigation bar with links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The "My Account" link is highlighted with a grey box. Below the navigation bar is the AbbVie logo and a "My Actions" button. The main content area is titled "Welcome, Ana Moore" and contains the following sections:

- Welcome to the AbbVie Grant Management System!**
- Submitting a Request**

When submitting a request, you will be guided through the electronic submission.. Please make sure that you complete each required field designated by an asterisk (\*). Should AbbVie need additional information, we will notify you via an email sent to the address you provided upon registration.

AbbVie will review all requests. Please note that submission of a request does not indicate that AbbVie has agreed to provide support. You will be notified of the decision via an email sent to the address you provided upon registration.
- Reviewing Request Status**

In your inbox below, you can view the status of all requests , submitted to date. The status of each application is updated regularly as the status changes. An item in your Action Items column indicates you need to take an action on that request.

At the bottom of the main content area, there is a dark blue button labeled "Submit New Request".

# How do I update my profile?

STEP 2. Fields that are editable by the requestor will be open within these 3 tabs.

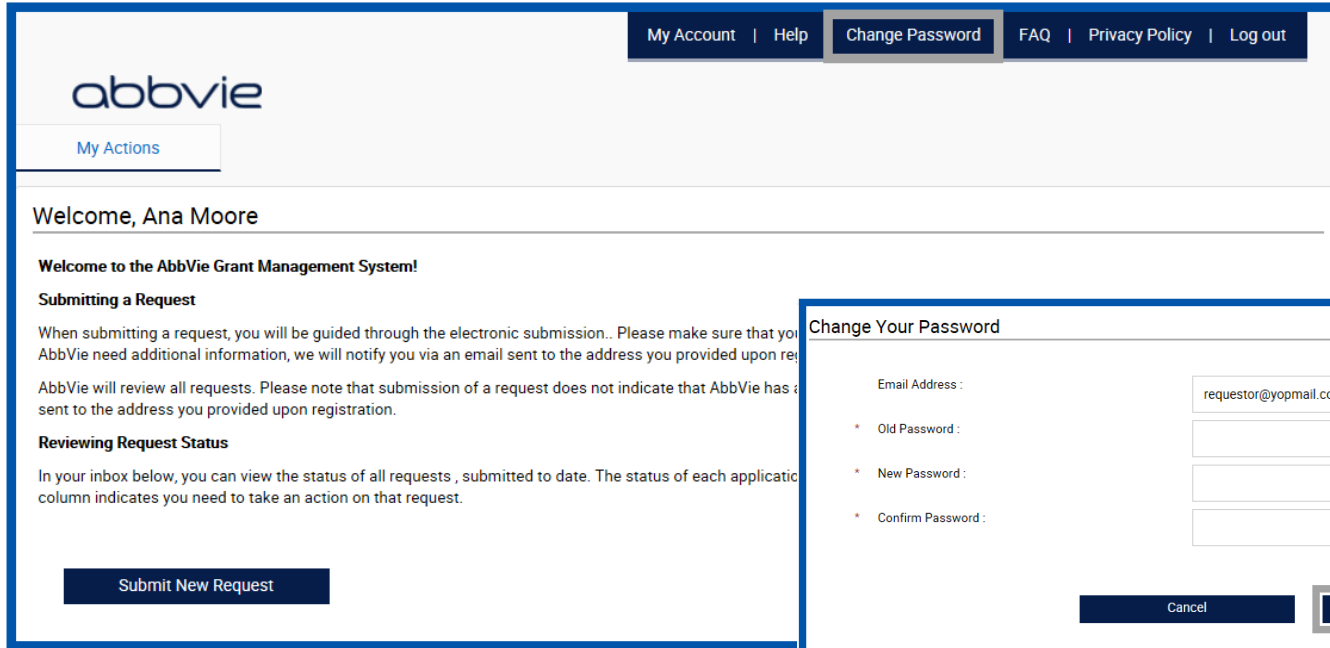
The image displays three overlapping screenshots of a web form for updating a profile, showing different tabs: Organization Information, Organization Address, and User Information.

- Organization Information Tab:** Fields include Country (United States), Identifier Type (TIN), State, Organization Legal Name (AbbVie Demo Org), Country (United States), Are you part of a larger parent organization? (No), Organization Type (Healthcare Organization), Tax Status (Not for profit: 501(c)(3)), Organization Description (Demo Training), Organization's Mission Statement, Tax Documentation, and IRS Letter of Determination.
- Organization Address Tab:** Fields include Organization Legal Name (AbbVie Demo Org), Site Name, Address Line 1 (319 George Street), Address Line 2, City (New Brunswick), State (NJ), Postal Code (12123), Website URL, and Accrediting Body (AAMP).
- User Information Tab:** Fields include Email (requestor@yopmail.com), Re-enter email, Security Question (What is the name of your favorite childhood friend?), Security Answer (Izolda), First Name (Ana), Last Name (Moore), Title (PT), Business Role (Marketing Director), Primary Phone ((555)555-5555), Secondary Phone, Fax, Secondary Contact Name, Secondary Contact Title, Secondary Contact Phone, and Secondary Contact Email.

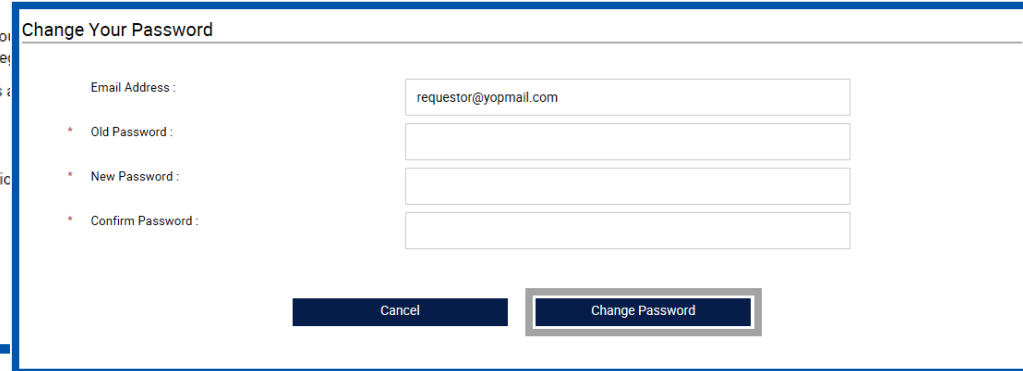
## How do I change my password?

STEP 1. Within your inbox, locate “Change Password” on the top header.

STEP 2. Reset your password by providing your current and new passwords, click “Change Password”.



The screenshot shows the top navigation bar of the AbbVie Grant Management System. The navigation bar includes links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The "Change Password" link is highlighted with a grey border. Below the navigation bar, the user is greeted with "Welcome, Ana Moore" and "Welcome to the AbbVie Grant Management System!". There are sections for "Submitting a Request" and "Reviewing Request Status". A "Submit New Request" button is visible at the bottom left.

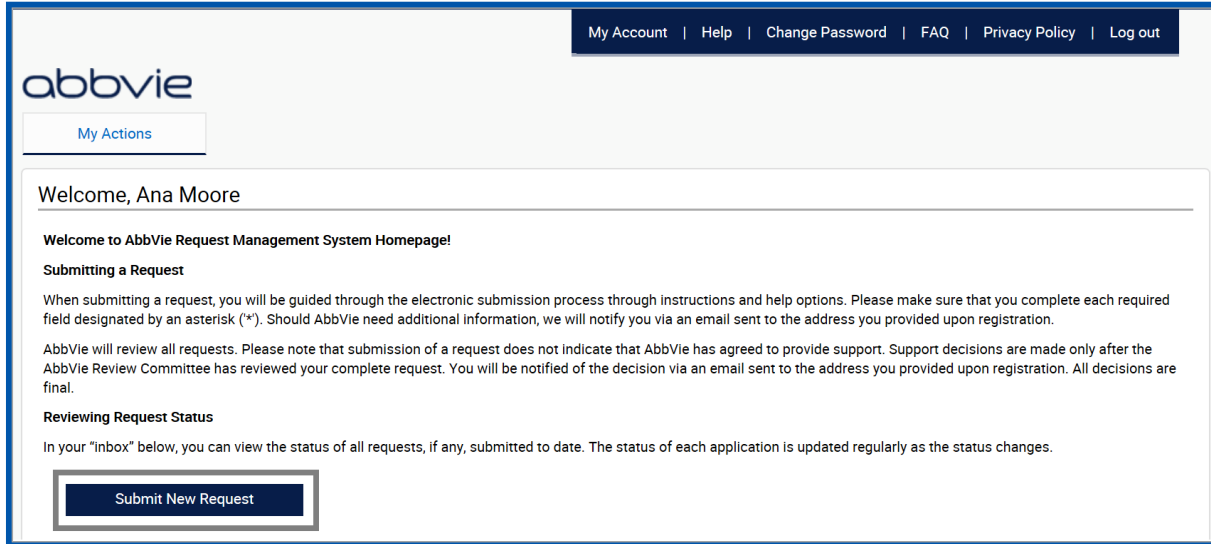


The screenshot shows the "Change Your Password" form. It includes the following fields and buttons:

- Email Address : requestor@yopmail.com
- \* Old Password :
- \* New Password :
- \* Confirm Password :
- Cancel
- Change Password

# How do I submit an Education request or Fellowships & Scholarships request?

STEP 1. Select “Submit New Request” to start the submission process.



The screenshot shows the AbbVie Request Management System homepage. At the top right, there is a navigation bar with links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The main header features the AbbVie logo and a "My Actions" button. Below the header, the user is greeted with "Welcome, Ana Moore". The main content area includes a "Welcome to AbbVie Request Management System Homepage!" message, followed by a "Submitting a Request" section with instructions on how to submit a request. Below that is a "Reviewing Request Status" section with information on how to check the status of requests. At the bottom of the main content area, there is a prominent "Submit New Request" button highlighted with a blue border.

# How do I submit an Education request or Fellowships & Scholarships request?

STEP 2. Select the Education Requests or Fellowships and Scholarships button to start the process.

### Request Type Selection

Please select the type of request you would like to submit. Before selecting a specific request type, please read the descriptions to ensure the proper request is submitted.

<b>Education Requests</b>	<p><b>Medical Education</b></p> <p>Funding to an independent third-party to support the development or implementation of clearly defined medical education programs or activities for healthcare providers that foster increased understanding/knowledge of scientific, clinical or healthcare issues that contribute to the enhancement of patient care.</p> <p><b>Patient Education:</b></p> <p>Programs designed primarily to advance disease state or treatment education to the patient/consumer and/or caregiver.</p> <p><b>Screening Programs and Health Fairs:</b></p> <p>Financial assistance to independent third-party to support costs associated with the third-party's Health Screening Programs.</p> <p><b>Educational Research:</b></p> <p>Educational research grants assist in data collection and analysis geared towards determining patient or public healthcare trends that foster increased understanding/knowledge of scientific, clinical or healthcare issues that will contribute to the enhancement of patient care through educational methodologies, activities, or initiatives.</p> <p><b>Third-Party Educational or Professional Meeting Support:</b></p> <p>Operational meeting support of third-party scientific and educational conferences or professional meetings for HCP or other related professionals.</p>
<b>Fellowships and Scholarships</b>	<p><b>Fellowships:</b></p> <p>Financial assistance provided to a university, medical school or non-profit organization for fellowship programs to support educational or research activities of HCPs in training. AbbVie may not participate in the selection of the recipient.</p> <p><b>Scholarships:</b></p> <p>Financial assistance for medical students, residents, fellows and other HCPs in training to attend major educational, scientific, or policy making meetings of national, regional or specialty medical associations. Must be given to an academic or training institution that selects recipients of funds. AbbVie may not participate in the selection of recipients.</p>

# How do I submit an Education request or Fellowships & Scholarships request?

STEP 3. Read the Request Submission Instructions and click “Proceed” to enter the request form.

### Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue on the page. Select “OK” and immediately click anywhere within the request system in order to remain active. If you do not select “OK” or if you do not click anywhere within the request System within 1 minute, **any unsaved information that you have entered will be lost.**

#### General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (\*) must be completed.

- The start and end date of your activity or event may be the same day if it only takes place on one day (i.e., it is not a multi-day event). The start and end date of time for which the materials are expected to be used (e.g., January 1, 2018 to January 1, 2019).
- If your request is for one activity at one location (i.e., single symposium), enter one (1) delivery format.
- If your request encompasses multiple activities (e.g., 10 different cities) please enter 10 separate delivery formats.
- You will be asked to define the delivery format of your educational activity (e.g., live meeting, print pieces, CD-ROM, etc.).
- You will be asked to provide information regarding your target audience and number of participants anticipated.
- You will be asked to provide a summary of the educational needs assessment for this activity. Learning objective activity may include topics, agenda, potential speakers, or activity focus (e.g., development of a patient education program).
- You will be asked to indicate if the program will be accredited (e.g., Continuing Education Requests (CME) or CPE).

#### Budget

In the Budget section of your request, you will be asked to provide details regarding the income (e.g., registration fees) being submitted.

- Fill in only those fields that apply to your request.
- Items that do not fall into a specifically listed category in the budget section should be included in the “other” or “comments” field. If necessary, a more detailed budget may be uploaded in the “Supporting Documents” section.

#### Supporting Documents

You may submit additional documentation you think would be helpful in making a decision on your request. Please limit attachments to 10 MB per document.

#### Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of the Healthcare Compliance Request Management System.

#### Agreements for Educational Grants

Should you approve your request for an educational grant, a Letter of Agreement (LOA) will be sent to you via email and an authorized representative for all parties will be required to sign the LOA.

#### Reconciliation

Recipients of educational grants must indicate to whether or not the activity took place as planned.

#### Records and Audit Rights for Educational Grants

Recipients of educational grants must maintain all records relating to the educational activity for a period of two years after the end date of the activity. Upon request, the recipient must also allow auditors access to all records, including expense records, related to the educational activity at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. A representative will contact you if requests an audit.

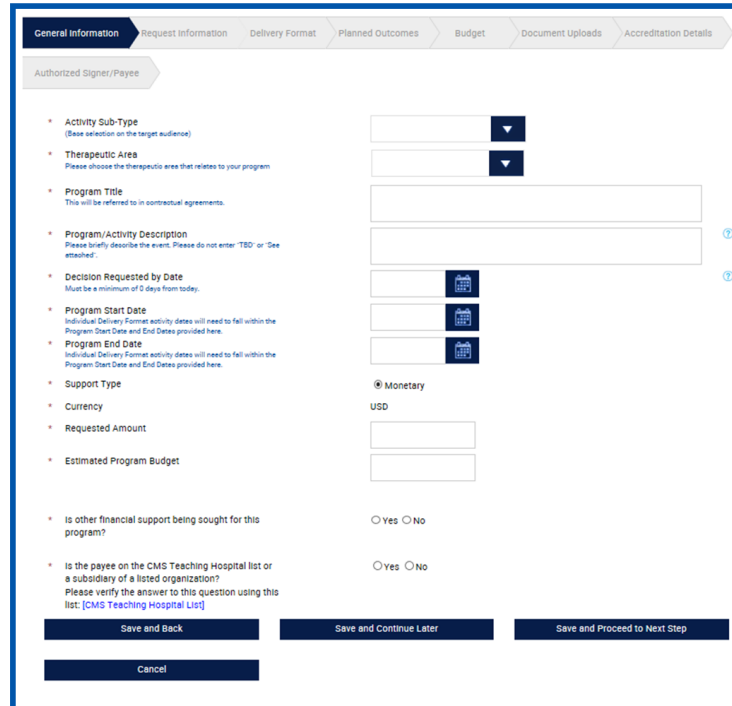
[Back](#) [Proceed](#)

[Cancel](#)



# How do I submit an Education request or Fellowships & Scholarships request?

STEP 4. Enter Request Information on the General Information Tab.



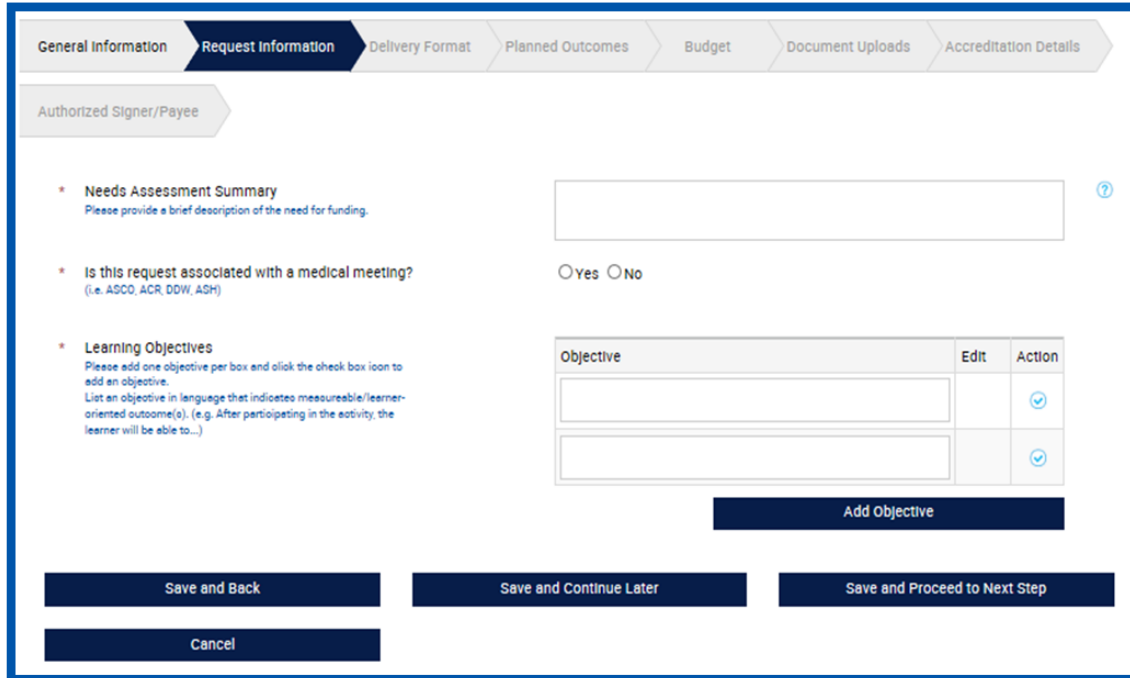
The screenshot shows a web form titled 'General Information' with a navigation bar at the top containing tabs: General Information (selected), Request Information, Delivery Format, Planned Outcomes, Budget, Document Uploads, and Accreditation Details. Below the navigation bar is a section for 'Authorized Signer/Payee'. The main form area contains several fields and options:

- Activity Sub-Type:** A dropdown menu with a downward arrow.
- Therapeutic Area:** A dropdown menu with a downward arrow.
- Program Title:** A text input field.
- Program/Activity Description:** A larger text input field with a help icon (i) to its right.
- Decision Requested by Date:** A date input field with a calendar icon and a help icon (i) to its right.
- Program Start Date:** A date input field with a calendar icon.
- Program End Date:** A date input field with a calendar icon.
- Support Type:** A radio button labeled 'Monetary' which is selected.
- Currency:** A text input field containing 'USD'.
- Requested Amount:** A text input field.
- Estimated Program Budget:** A text input field.
- is other financial support being sought for this program?:** Radio buttons for 'Yes' and 'No'.
- is the payee on the CMS Teaching Hospital list or a subsidiary of a listed organization?:** Radio buttons for 'Yes' and 'No'. Below this question is a link: [CMS Teaching Hospital List].

At the bottom of the form are three buttons: 'Save and Back', 'Save and Continue Later', and 'Save and Proceed to Next Step'. A 'Cancel' button is located below the 'Save and Back' button.

## How do I submit an Education request or Fellowships & Scholarships request?

STEP 5. Enter Request Information on the Request Information Tab. **Note: Click on “Action” icon to save learning objectives.**



General Information **Request Information** Delivery Format Planned Outcomes Budget Document Uploads Accreditation Details

Authorized Signer/Payee

\* **Needs Assessment Summary**  
Please provide a brief description of the need for funding.

\* **Is this request associated with a medical meeting?**  
(i.e. ASCO, ACR, DDW, ASH)  Yes  No

\* **Learning Objectives**  
Please add one objective per box and click the check box icon to add an objective.  
List an objective in language that indicates measurable/learner-oriented outcome(s). (e.g. After participating in the activity, the learner will be able to...)

Objective	Edit	Action
<input type="text"/>		<input checked="" type="checkbox"/>
<input type="text"/>		<input checked="" type="checkbox"/>

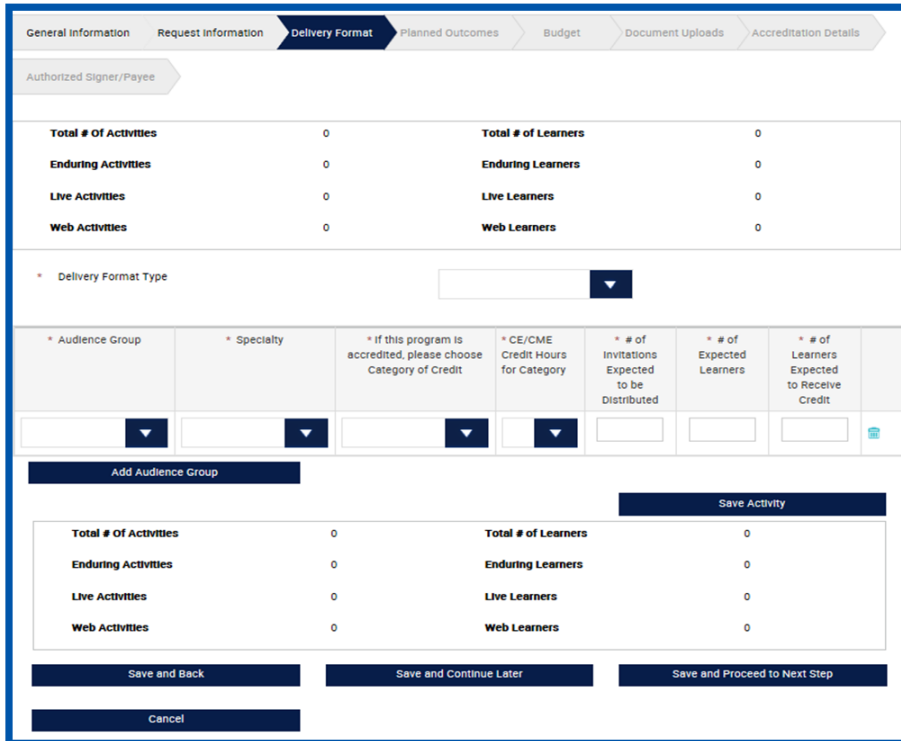
**Add Objective**

**Save and Back** **Save and Continue Later** **Save and Proceed to Next Step**

**Cancel**

# How do I submit an Education request or Fellowships & Scholarships request?

STEP 6. Enter Request Information on the Delivery Format Tab.



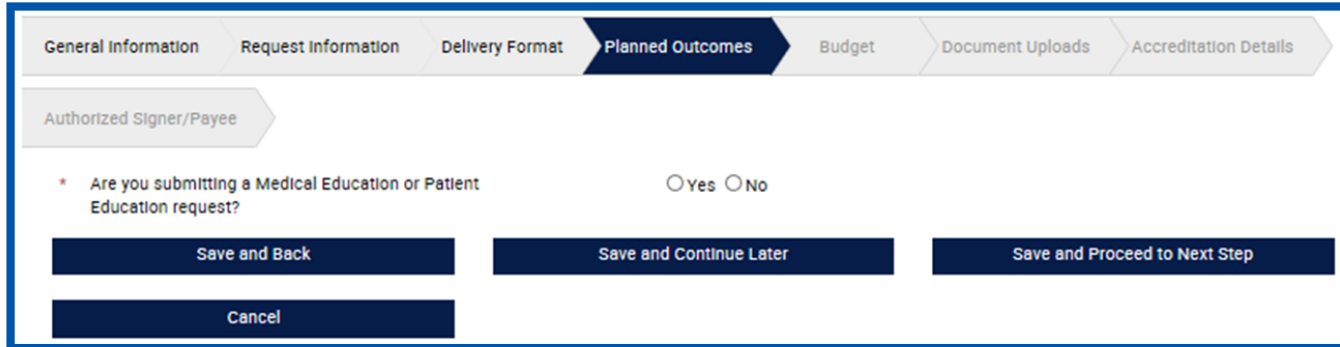
General Information	Request Information	Delivery Format	Planned Outcomes	Budget	Document Uploads	Accreditation Details
Authorized Signer/Payee						
<b>Total # of Activities</b>	0	<b>Total # of Learners</b>	0			
<b>Enduring Activities</b>	0	<b>Enduring Learners</b>	0			
<b>Live Activities</b>	0	<b>Live Learners</b>	0			
<b>Web Activities</b>	0	<b>Web Learners</b>	0			
* Delivery Format Type						
* Audience Group	* Specialty	* If this program is accredited, please choose Category of Credit	* CE/CME Credit Hours for Category	* # of Invitations Expected to be Distributed	* # of Expected Learners	* # of Learners Expected to Receive Credit
Add Audience Group				Save Activity		
<b>Total # of Activities</b>	0	<b>Total # of Learners</b>	0			
<b>Enduring Activities</b>	0	<b>Enduring Learners</b>	0			
<b>Live Activities</b>	0	<b>Live Learners</b>	0			
<b>Web Activities</b>	0	<b>Web Learners</b>	0			
Save and Back		Save and Continue Later		Save and Proceed to Next Step		
Cancel						

**Note: Click on pencil icon to save each delivery format.**

## *How do I submit an Education request or Fellowships & Scholarships request?*

STEP 7. Enter Request Information on the Planned Outcomes Tab.

**Note: Accreditation Details Tab will not appear for Fellowships and Scholarships request.**



The screenshot shows a multi-step navigation bar with tabs: General Information, Request Information, Delivery Format, **Planned Outcomes** (active), Budget, Document Uploads, and Accreditation Details. Below the navigation bar is a section for 'Authorized Signer/Payee'. A required question is displayed: '\* Are you submitting a Medical Education or Patient Education request?' with radio button options for 'Yes' and 'No'. At the bottom, there are four buttons: 'Save and Back', 'Save and Continue Later', 'Save and Proceed to Next Step', and 'Cancel'.

# How do I submit an Education request or Fellowships & Scholarships request?

STEP 8. Enter Request Information on the Budget Tab.

**Note: Individual budget items must equal the Total Program Amount.**

General Information | Request Information | Delivery Format | Planned Outcomes | **Budget** | Document Uploads | Accreditation Details

Authorized Signer/Payee

The totals of your Requested Amount and Estimated Program Budget must be equal to the amounts originally entered within the General Information tab.

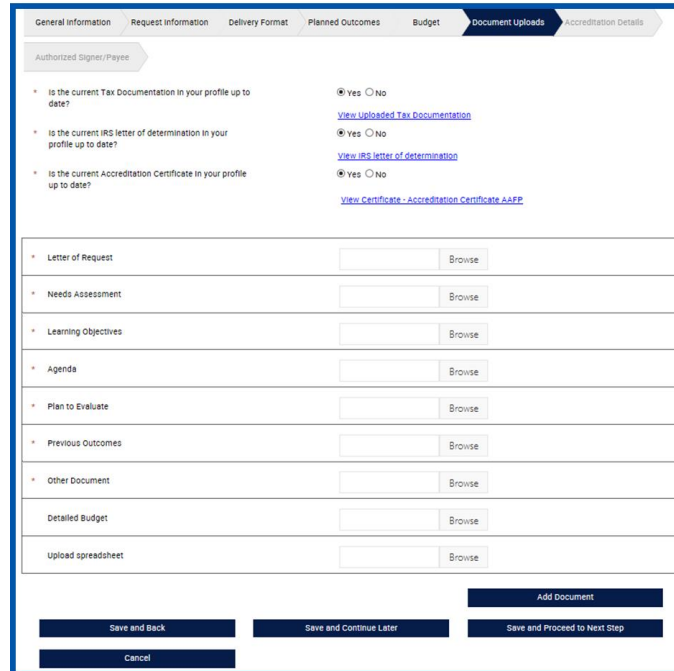
Currency : USD			
	General Information	Detailed Budget	Difference
Estimated Program Budget	40,000.00	0.00	40,000.00
Requested Amount	40,000.00		

Live

	Unit Cost		
<b>Management Fees:</b>			
<b>Account and Activity Management</b> Costs associated with the overall administration, budget, and monitoring of the program(s).	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Activity Marketing</b> Costs associated with the promotion and advertising of the program (s) other than meeting materials, invitations, and audience generation	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Content Development:</b>			
<b>Editorial Fees</b> Writing, editing, layout design, and proofreading fees associated with program content.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Medical Writing and Scientific Review</b> Costs associated with medical/scientific expertise utilized in the development of educational content including but not limited to: medical and scientific review, scientific validation, copy writing, copy editing, periodic updates and requesting/securing licenses and permissions	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Creative Development and Production</b> Costs associated with program concept development, design and execution.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Audience Generation</b> Design, development and implementation of multiple audience generation tactics. E.g. electronic/print invitations, purchase of distribution lists, electronic/social networking	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Program Effectiveness Measurement</b> Costs associated with measuring the effectiveness of the program (s) and final report for development.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>			<b>USD 0.00</b>

# How do I submit an Education request or Fellowships & Scholarships request?

STEP 9. Enter Request Information on the Document Uploads Tab.



General Information Request Information Delivery Format Planned Outcomes Budget **Document Uploads** Accreditation Details

Authorized Signer/Payee

\* Is the current Tax Documentation in your profile up to date?  Yes  No  
[View Uploaded Tax Documentation](#)

\* Is the current IRS letter of determination in your profile up to date?  Yes  No  
[View IRS letter of determination](#)

\* Is the current Accreditation Certificate in your profile up to date?  Yes  No  
[View Certificate - Accreditation Certificate AAFP](#)

* Letter of Request	<input type="text"/>	Browse
* Needs Assessment	<input type="text"/>	Browse
* Learning Objectives	<input type="text"/>	Browse
* Agenda	<input type="text"/>	Browse
* Plan to Evaluate	<input type="text"/>	Browse
* Previous Outcomes	<input type="text"/>	Browse
* Other Document	<input type="text"/>	Browse
Detailed Budget	<input type="text"/>	Browse
Upload spreadsheet	<input type="text"/>	Browse

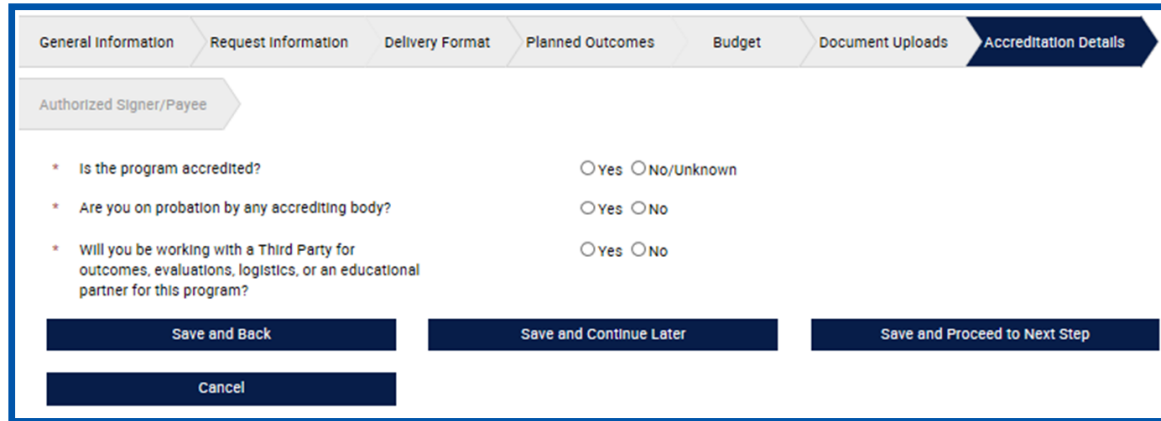
Save and Back Save and Continue Later **Add Document** Save and Proceed to Next Step

Cancel

## How do I submit an Education request or Fellowships & Scholarships request?

STEP 10. Enter Request Information on the Accreditation Details Tab.

**Note: Accreditation Details Tab will not appear for Fellowships and Scholarships request.**



The screenshot shows a multi-step navigation bar with the following tabs: General Information, Request Information, Delivery Format, Planned Outcomes, Budget, Document Uploads, and Accreditation Details. The Accreditation Details tab is currently selected and highlighted in dark blue. Below the navigation bar, there is a section titled "Authorized Signer/Payee" which is currently empty. Below this section, there are three required questions, each with radio button options for Yes, No, or Unknown:

- \* Is the program accredited?  Yes  No/Unknown
- \* Are you on probation by any accrediting body?  Yes  No
- \* Will you be working with a Third Party for outcomes, evaluations, logistics, or an educational partner for this program?  Yes  No

At the bottom of the form, there are four buttons: "Save and Back", "Save and Continue Later", "Save and Proceed to Next Step", and "Cancel".

# How do I submit an Education request or Fellowships & Scholarships request?

STEP 11. Enter Request Information on the Authorized Signer/Payee Tab. (If applicable)

General Information
Request Information
Delivery Format
Planned Outcomes
Budget
Document Uploads
Accreditation Details

**Authorized Signer/Payee**

**Authorized Signer**

\* Is the Authorized Signer listed below correct?  Yes  No

This is an individual within the requesting organization who has the authority to sign the Letter of Agreement.

Authorized Signer First Name: Ana

Authorized Signer Last Name: Moore

Authorized Signer Email Address: requestor@yopmail.com

**Payee Information**

\* Who will be receiving the payment?  Requesting Organization  Other

Please indicate who should receive the funds from AbbVie, if your request is approved.

\* Attention:

Address 1	Country	City	State/Province/Region	Postal Code
319 George Street	United States	New Brunswick	NJ	12123

Save and Back

Save and Continue Later

Save and Proceed to Next Step

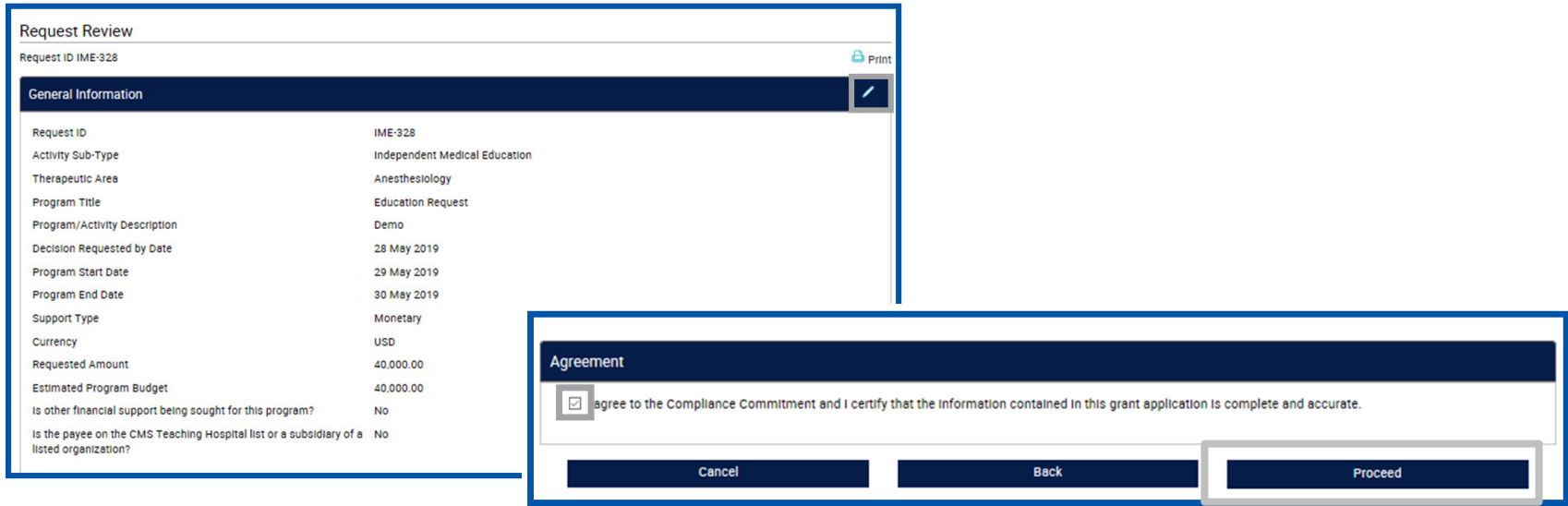
Cancel



## How do I submit an Education request or Fellowships & Scholarships request?

STEP 12. Review Request before submitting. Use the Pencil Icon to go back and make edits to specific tabs, if needed.

STEP 13. Check the checkbox within the Agreement section to continue to submission. Click “Proceed” to submit the request.



The screenshot displays a web interface for reviewing a request. It is divided into two main sections: 'General Information' and 'Agreement'.

**Request Review**  
Request ID IME-328 Print

**General Information** [Pencil Icon]

Request ID	IME-328
Activity Sub-Type	Independent Medical Education
Therapeutic Area	Anesthesiology
Program Title	Education Request
Program/Activity Description	Demo
Decision Requested by Date	28 May 2019
Program Start Date	29 May 2019
Program End Date	30 May 2019
Support Type	Monetary
Currency	USD
Requested Amount	40,000.00
Estimated Program Budget	40,000.00
Is other financial support being sought for this program?	No
Is the payee on the CMS Teaching Hospital list or a subsidiary of a listed organization?	No

**Agreement**

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

Cancel Back Proceed

## *How do I submit an Education request or Fellowships & Scholarships request?*

STEP 14. Confirmation of submission page will display. Select Proceed to move to your inbox.

### Thank You!

---

Request ID: IME-328

Activity Title: Education Request

Thank you for submitting this educational grant request. You may track your request through the status column located on your homepage of the (Client Name) Healthcare Compliance Request Management System.

You will receive a confirmation email notifying you that your request has been submitted successfully.

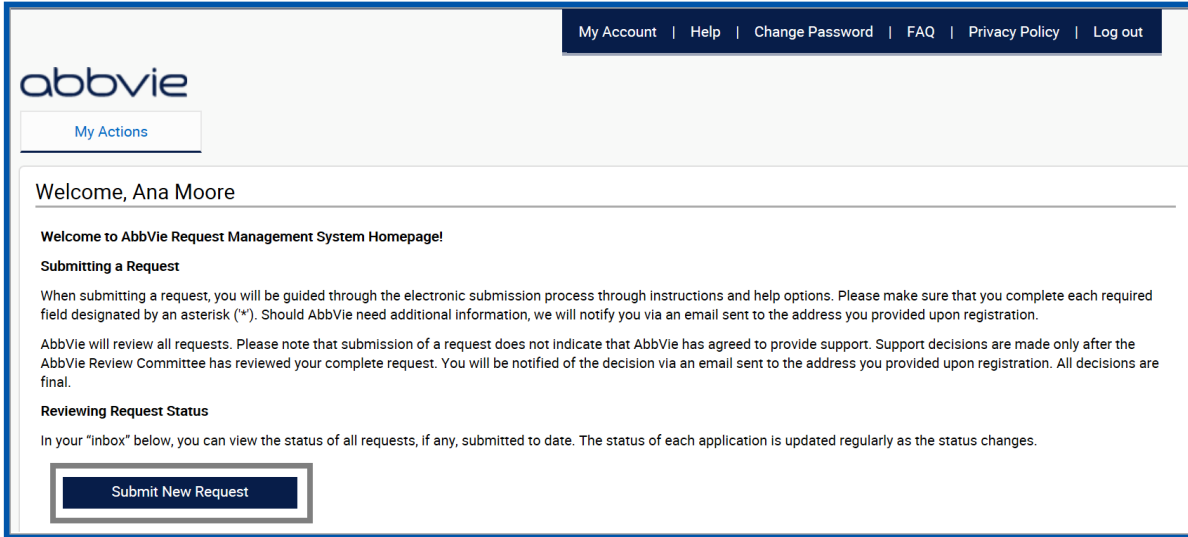
We will notify you when the (Client Name) Review Committee has made a decision on your request. As we evaluate your request, we may ask for additional information from you. Should we require additional information, you will receive an email notification indicating the information required, and further processing of the request will be on hold until the requested information is received.

If you do not receive an email from us or if you have any questions, please contact the (Client Name) RMS mailbox at <Client email address>.

[Proceed](#)

# How do I submit a Charitable Donations request?

STEP 1. Select “Submit New Request” to start the submission process.



The screenshot shows the AbbVie Request Management System homepage. At the top right, there is a navigation bar with links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The AbbVie logo is on the left. Below the logo is a "My Actions" button. The main content area is titled "Welcome, Ana Moore" and includes a "Welcome to AbbVie Request Management System Homepage!" message. It contains sections for "Submitting a Request" and "Reviewing Request Status". A "Submit New Request" button is highlighted with a red border at the bottom.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

Welcome, Ana Moore

Welcome to AbbVie Request Management System Homepage!

**Submitting a Request**

When submitting a request, you will be guided through the electronic submission process through instructions and help options. Please make sure that you complete each required field designated by an asterisk (\*). Should AbbVie need additional information, we will notify you via an email sent to the address you provided upon registration.

AbbVie will review all requests. Please note that submission of a request does not indicate that AbbVie has agreed to provide support. Support decisions are made only after the AbbVie Review Committee has reviewed your complete request. You will be notified of the decision via an email sent to the address you provided upon registration. All decisions are final.

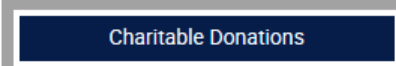
**Reviewing Request Status**

In your “inbox” below, you can view the status of all requests, if any, submitted to date. The status of each application is updated regularly as the status changes.

Submit New Request

## *How do I submit a Charitable Donations request?*

STEP 2. Select Charitable Donations button to start the process.




Charitable Donations

Funding made to a qualified third-party organization to support their charitable mission or activities, without getting or expecting to get anything of substantial or equal value in return.




## How do I submit a Charitable Donations request?

STEP 3. Read the Request Submission Instructions and click “Proceed” to enter the request form.

**\* Identifier Information**  
Please ONLY provide your Organization's Tax Identification information. Any personal identifiers will be captured in the system at a later time.

Country	Identifier Type	State	Identifier Value	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Add Additional Identifier**

- \* **Country**  
 
- \* **Organization Legal Name**  
Legal Name must match as stated on W-9/W-8.  
 
- \* **Are you part of a larger parent organization?**  
 Yes  No
- \* **Organization Type**  
Please select organization type from the dropdown.
- \* **Tax Status**
- \* **Organization Description**  
Please describe the mission of your organization. If your organization has a specific expertise, please list it here. Limit of 500 characters.
- \* **Organization's Mission Statement**
- \* **Tax Documentation**  
  

# How do I submit a Charitable Donations request?

STEP 4. Enter Request Information on the Overview Tab.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

**Request Detail**  **Save**

Request ID CHR-40009

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.

For questions about the therapeutic areas we are currently accepting requests go to: [www.abbvie.com/grants](http://www.abbvie.com/grants).

Please complete all required fields. An asterisk "\*" indicates a required field.

**Overview** | Delivery Format | Authorized Signer/Payee

- \* Activity Sub-Type (Base selection on the target audience)
- \* Therapeutic Area (Please choose the therapeutic area that relates to your program)
- Organization's Mission Statement (Limit of 500 characters)
- \* Support Type
  - Monetary
- \* Currency USD
- \* Organization's Annual Operating Budget
- \* Program Title (Please enter the name of the event.)
- \* Brief description of request or program (Limit of 500 characters)
- \* Decision Requested by Date (Must be a minimum of 60 days from today)

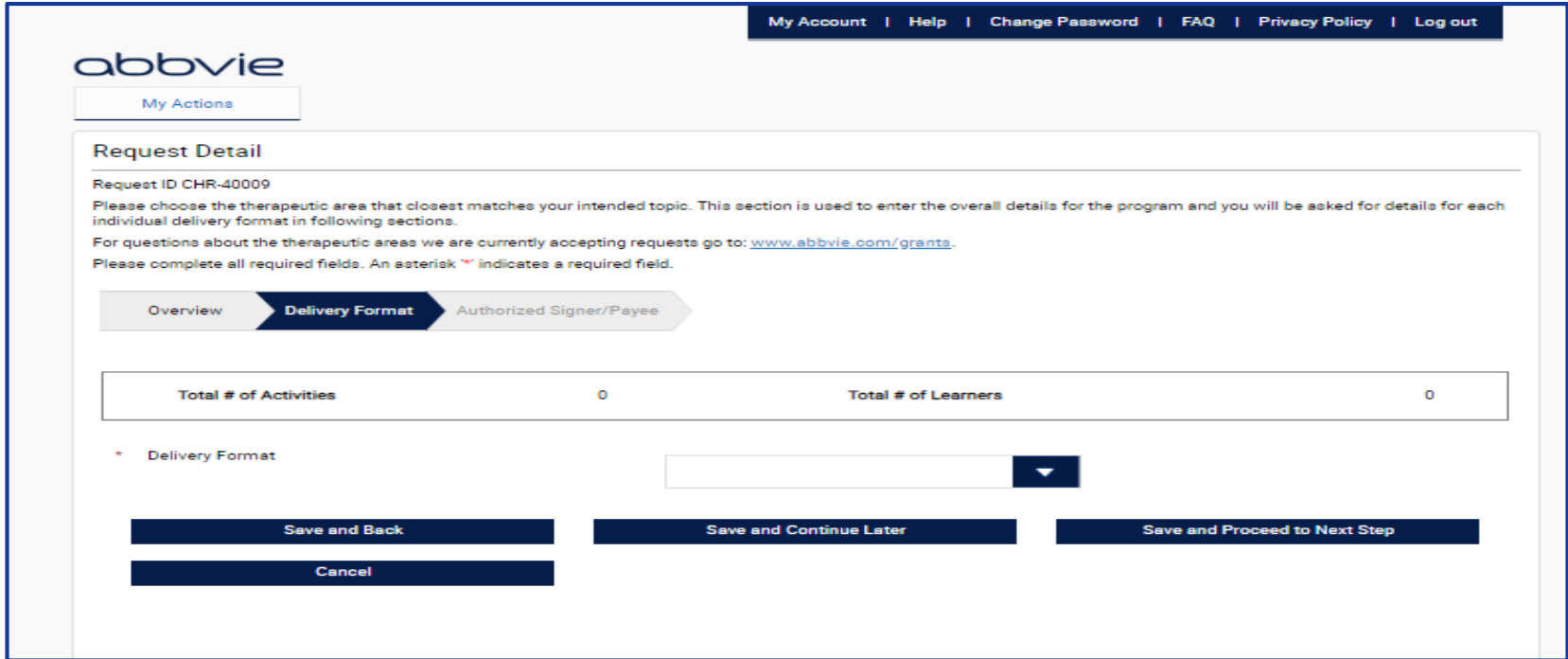
- \* Decision Requested by Date (Must be a minimum of 60 days from today)
- \* Program Start Date (Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here.)
- \* Program End Date (Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here.)
- \* Requested Amount
- \* Request Proposal (Please submit a detailed request / proposal on your organization's official letterhead.)  Browse
- Other Documentation (You may upload any additional information for this program here.)  Browse
- \* Is the current Tax Documentation in your profile up to date?  Yes  No [View Uploaded Tax Documentation](#)
- \* Is the current IRS letter of determination in your profile up to date?  Yes  No [View IRS Letter of determination](#)
- \* Is other financial support being sought for this program?  Yes  No

**Save and Back** **Save and Continue Later** **Save and Proceed to Next Step**

**Cancel**

# How do I submit a Charitable Donations request?

STEP 5. Enter Request Information on the Delivery Format Tab.



The screenshot shows the Abbvie user interface for submitting a Charitable Donations request. At the top, there is a navigation bar with links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". Below this is the Abbvie logo and a "My Actions" button. The main section is titled "Request Detail" and shows the "Request ID CHR-40009". It includes instructions to choose a therapeutic area and provides a link to [www.abbvie.com/grants](http://www.abbvie.com/grants). A progress bar indicates the current step is "Delivery Format", with "Overview" and "Authorized Signer/Payee" as previous steps. Below the progress bar, there are two summary boxes: "Total # of Activities" with a value of 0, and "Total # of Learners" with a value of 0. A required field for "Delivery Format" is shown as a dropdown menu. At the bottom, there are four buttons: "Save and Back", "Save and Continue Later", "Save and Proceed to Next Step", and "Cancel".

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

### Request Detail

Request ID CHR-40009

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.

For questions about the therapeutic areas we are currently accepting requests go to: [www.abbvie.com/grants](http://www.abbvie.com/grants).

Please complete all required fields. An asterisk "\*" indicates a required field.

Overview → **Delivery Format** → Authorized Signer/Payee

Total # of Activities	0	Total # of Learners	0
-----------------------	---	---------------------	---

\* Delivery Format

Save and Back      Save and Continue Later      Save and Proceed to Next Step

Cancel

# How do I submit a Charitable Donations request?

STEP 6. Enter Request Information on the Authorized Signer/Payee Tab.

[My Account](#) | [Help](#) | [Change Password](#) | [FAQ](#) | [Privacy Policy](#) | [Log out](#)

My Actions

### Request Detail

Request ID CHR-40009

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.

For questions about the therapeutic areas we are currently accepting requests go to: [www.abbvie.com/grants](http://www.abbvie.com/grants).

Please complete all required fields. An asterisk "\*" indicates a required field.

Overview

Delivery Format

Authorized Signer/Payee

**Authorized Signer**

\* Is the Authorized Signer listed below correct?  Yes  No

Authorized Signer First Name: Laura

Authorized Signer Last Name: Wingate

Authorized Signer Email Address: lwingate@yopmail.com

**Payee Information**

\* Who will be receiving the payment?  Requesting Organization  Other

Please indicate who should receive the funds from AbbVie, if your request is approved.

\* Attention:

Address 1	Country	City	State/Province/Region	Postal Code
733 Third Avenue, Suite 510	United States	New York	NY	10017



# How do I submit a Charitable Donations request?

STEP 7. Review Request before submitting. Use the Pencil Icon to go back and make edits to specific tabs, if needed.

**abbvie** My Account | Help | Change Password | FAQ | Privacy Policy | Log out

My Actions

### Request Review

Request ID CHR-40009

#### Overview

Request ID	CHR-40009
Activity Sub-Type	Charitable Donations Mission Support
Therapeutic Area	Discovery and Development Sciences
Organization's Mission Statement	
Support Type	Monetary
Currency	USD
Organization's Annual Operating Budget	1.00
Program Title	dfbsfg
Brief description of request or program	gafg
Decision Requested by Date	30 Sep 2019
Program Start Date	09/30/2019
Program End Date	09/30/2019
Requested Amount	1.00
Request/Proposal	<a href="#">Mary's Test docx</a>
Other Documentation	
Is the current Tax Documentation in your profile up to date?	Yes
	<a href="#">View Uploaded Tax Documentation</a>
Is the current IRS letter of determination in your profile up to date?	Yes
	<a href="#">View IRS Letter of determination</a>
Is other financial support being sought for this program?	No

#### Delivery Format

Total # of Activities	0	Total # of Learners	0
-----------------------	---	---------------------	---

Delivery Format: Charitable Mission Support

#### Authorized Signer and Payee

Is the Authorized Signer listed below correct? Yes

Authorized Signer First Name: Laura  
Authorized Signer Last Name: Wingate  
Authorized Signer Email Address: lwingate@yopmail.com

#### Payee Information

Who will be receiving the payment? Requesting Organization  
Attention: Catherine Soto

Address 1	Country	City	State/Province/Region	Postal Code
733 Third Avenue, Suite 510	United States	New York	NY	10017

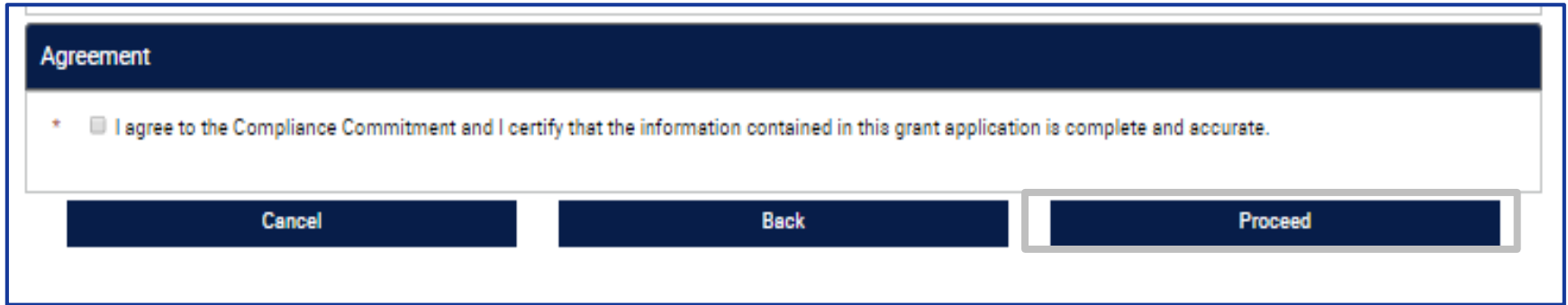
#### Agreement

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

Cancel Back Proceed

## *How do I submit a Charitable Donations request?*

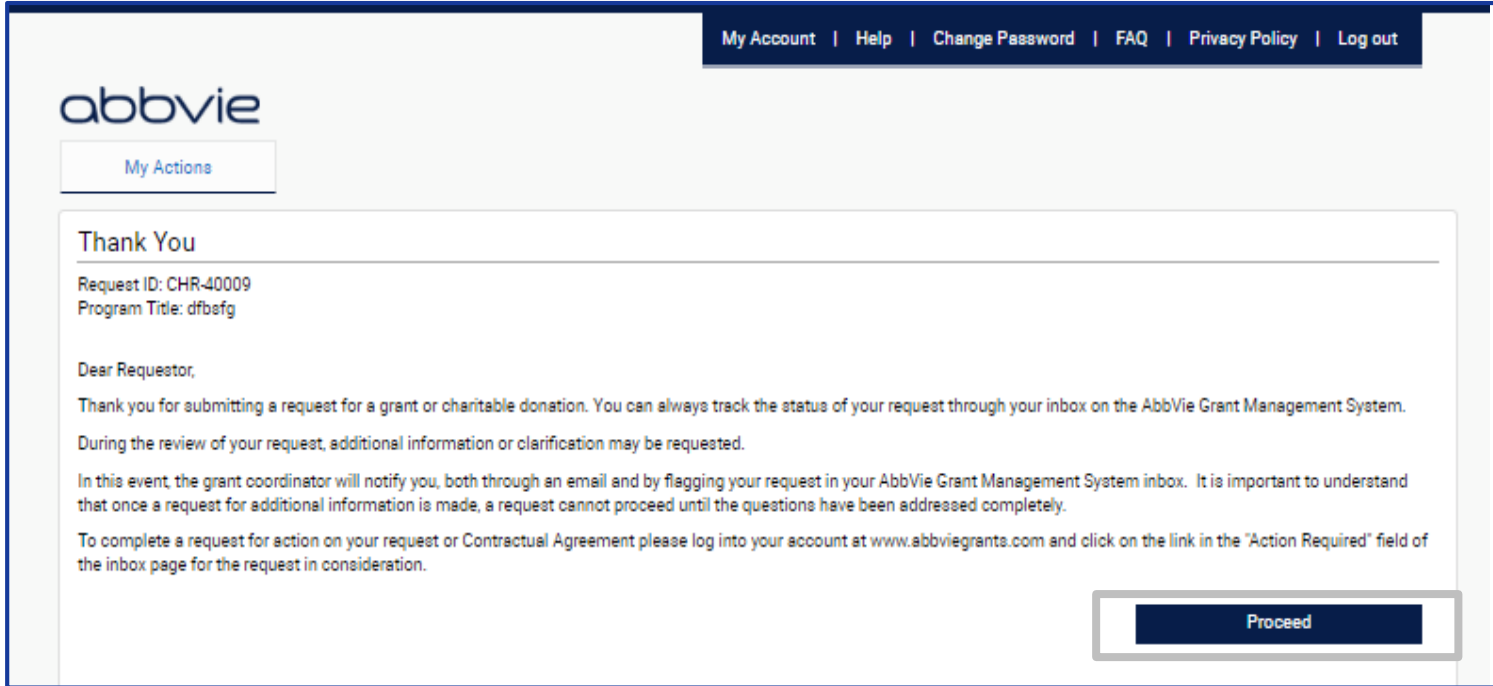
STEP 8. Check the checkbox within the agreement section to continue to submission. Click “Proceed” to submit the request.



The screenshot shows a web form with a dark blue header bar labeled "Agreement". Below the header, there is a text area containing a required field (marked with an asterisk) with a checkbox and the text: "I agree to the Compliance Commitment and I certify that the information contained in this grant application is complete and accurate." Below the text area are three dark blue buttons: "Cancel", "Back", and "Proceed". The "Proceed" button is highlighted with a white border, indicating it is the next step to take.

## How do I submit a Charitable Donations request?

STEP 9. Confirmation of submission page will display.



The screenshot shows a web interface for the AbbVie Grant Management System. At the top right, there is a navigation bar with links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The main content area features the AbbVie logo and a "My Actions" button. Below this, a "Thank You" message is displayed, providing details for a submitted request: Request ID: CHR-40009 and Program Title: dfbsfg. The message includes instructions for the requestor, stating that they can track the status of their request through their inbox and that additional information may be requested during the review process. A "Proceed" button is located at the bottom right of the message area.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

### Thank You

Request ID: CHR-40009  
Program Title: dfbsfg

Dear Requestor,

Thank you for submitting a request for a grant or charitable donation. You can always track the status of your request through your inbox on 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 in your AbbVie Grant Management System inbox. It is important to understand that once a request for additional information is made, a request cannot proceed until the questions have been addressed completely.

To complete a request for action on your request or Contractual Agreement please log into your account at [www.abbviegrants.com](http://www.abbviegrants.com) and click on the link in the "Action Required" field of the inbox page for the request in consideration.

Proceed

# How do I provide additional information when AbbVie requests it?

STEP 1. Locate the request in your inbox that has an Action Required of “Please Submit Additional Information”. Click the link.

The screenshot displays the AbbVie Grant Management System interface. At the top right, there are navigation links: My Account, Help, Change Password, FAQ, Privacy Policy, and Log out. The main header includes the AbbVie logo and a 'My Actions' button. Below this, a welcome message for Ana Moore is shown, followed by instructions on submitting and reviewing requests. A 'Submit New Request' button is visible. The 'Education Inbox' section contains a table with the following data:

Request ID	Status	Amendment	Program Title	Start Date	Action Required	View/Print Agreement
IME-140	Pending Additional Information		<a href="#">Education Request</a>	29 May 2019	<a href="#">Please Submit Additional Information</a>	

At the bottom of the table, there are pagination controls showing 'Page size: 10' and '1 items in 1 pages'.

## How do I provide additional information when AbbVie requests it?

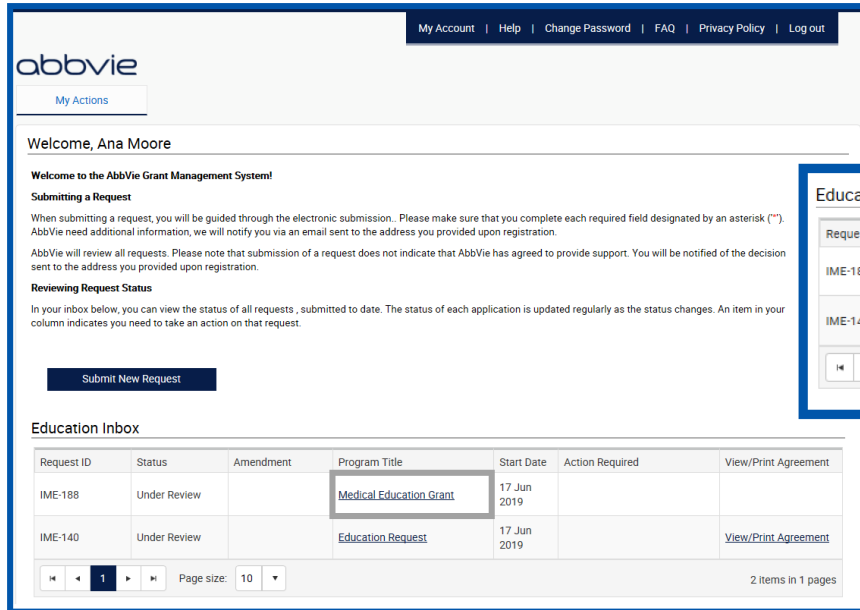
STEP 2. The system will navigate you back through the request form from the beginning. Only the fields that AbbVie has requested additional information will be available for the user to edit (will be in blue). The rest of the fields will be in a read-only format. Save and Proceed to Next Step through the submission form until the end where you will re-submit.

The screenshot displays the 'General Information' tab of a request form. The form is organized into several sections, each with a list of fields. The fields are color-coded: blue for editable and grey for read-only.

- Authorized Signer/Payee** (Greyed out):
  - Activity Sub-Type (Base selection on the target audience): Independent Medical Educ (dropdown)
  - Therapeutic Area (Please choose the therapeutic area that relates to your program): Anesthesiology (dropdown)
  - Program Title (This will be referred to in contractual agreements): Education Request (text input)
  - Program/Activity Description (Please briefly describe the event. Please do not enter " TBD" or "See attached"): Demo (text input)
  - Decision Requested by Date (Must be a minimum of 0 days from today): 28 May 2019 (calendar icon)
  - Program Start Date (Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here): 29 May 2019 (calendar icon)
  - Program End Date (Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here): 30 May 2019 (calendar icon)
  - Support Type:  Monetary
  - Currency: USD
  - Requested Amount: 40,000.00 (text input)
  - Estimated Program Budget: 40,000.00 (text input)

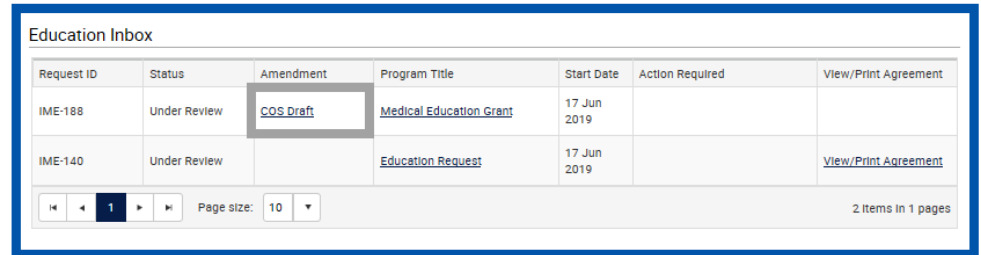
# How do I submit an amendment request?

STEP 1. An Amendment can be submitted after approval of the parent request. In order to do this, please click on the Request Title. Note that if there is an amendment for that request in the draft status, action link will display in Amendment column. A Requestor will be able to submit an Amendment on an approved request up until the request is in 'pending reconciliation' status. At that point, you will no longer be able to submit an Amendment.



The screenshot shows the user interface of the AbbVie Grant Management System. At the top, there is a navigation bar with links for 'My Account', 'Help', 'Change Password', 'FAQ', 'Privacy Policy', and 'Log out'. Below this, the user is greeted with 'Welcome, Ana Moore'. The main content area is titled 'Welcome to the AbbVie Grant Management System!' and includes a 'Submitting a Request' section with instructions on how to submit a request and what to expect. There is a 'Reviewing Request Status' section with instructions on how to check the status of requests. A 'Submit New Request' button is located at the bottom of the main content area. Below the main content, there is an 'Education Inbox' section with a table of requests.

Request ID	Status	Amendment	Program Title	Start Date	Action Required	View/Print Agreement
IME-188	Under Review	<a href="#">COS Draft</a>	<a href="#">Medical Education Grant</a>	17 Jun 2019		
IME-140	Under Review		<a href="#">Education Request</a>	17 Jun 2019		<a href="#">View/Print Agreement</a>



The screenshot shows a detailed view of the 'Education Inbox' table. The table has the same structure as the one in the previous screenshot. The 'Amendment' column for the first row is highlighted with a grey box, showing the link '[COS Draft](#)'. The table is displayed on page 1 of 1, with 2 items in total. The page size is set to 10 items per page.

Request ID	Status	Amendment	Program Title	Start Date	Action Required	View/Print Agreement
IME-188	Under Review	<a href="#">COS Draft</a>	<a href="#">Medical Education Grant</a>	17 Jun 2019		
IME-140	Under Review		<a href="#">Education Request</a>	17 Jun 2019		<a href="#">View/Print Agreement</a>

# How do I submit an amendment request?

STEP 2. On Request Review page click on Create Amendment button. Please note: This action link will only be available if the request has been approved.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

**Request Review**

Request ID IME-188

**General Information**

Request ID	IME-188
Activity Sub-Type	Independent Medical Education
Therapeutic Area	Adherence Persistence
Program Title	Medical Education Grant
Program/Activity Description	Demo
Decision Requested by Date	10 Jun 2019
Program Start Date	17 Jun 2019
Program End Date	18 Jun 2019
Support Type	Monetary
Currency	USD
Requested Amount	3,000.00
Estimated Program Budget	3,000.00
Is other financial support being sought for this program?	No
Is the payee on the CMS Teaching Hospital list or a subsidiary of a listed organization?	No

**Authorized Signer and Payee**

Authorized Signer First Name	Ana
Authorized Signer Last Name	Moore
Authorized Signer Email Address	requestor@yopmail.com

**Payee Information**

Who will be receiving the payment? Attention	Requesting Organization Ana Moore
---	--------------------------------------

Address 1	Country	City	State/Province/Region	Postal Code
319 George Street	United States	New Brunswick	NJ	12123

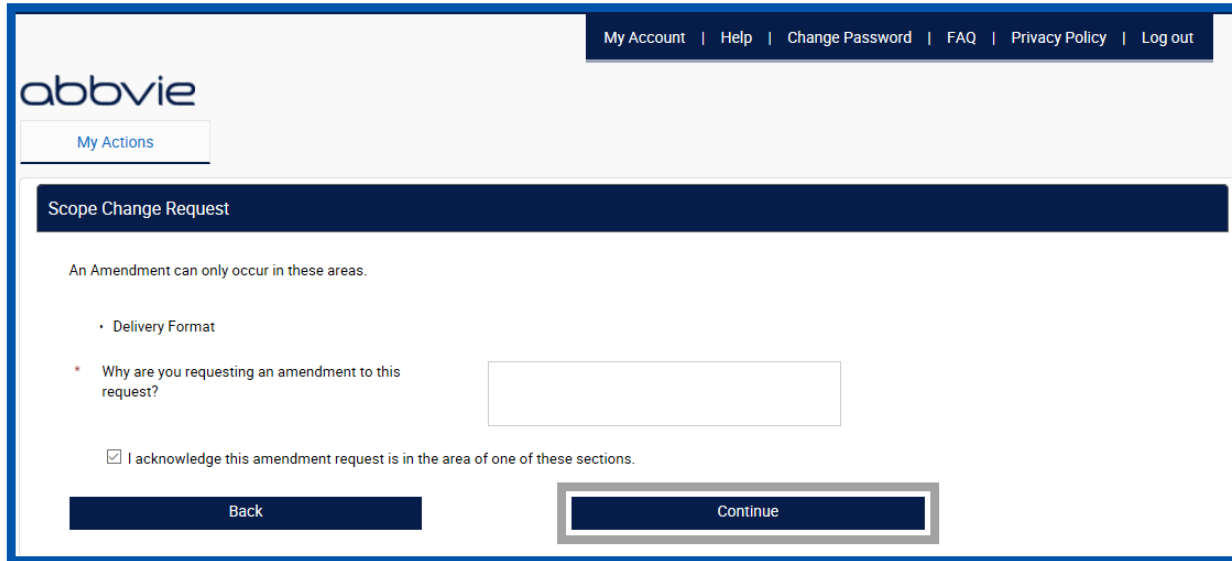
**Agreement**

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

Back **Create Amendment**

## How do I submit an amendment request?

STEP 3. Specify reason for requesting an amendment, check the acknowledgement checkbox and click on Continue button.



My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

### Scope Change Request

An Amendment can only occur in these areas.

- Delivery Format

\* Why are you requesting an amendment to this request?

I acknowledge this amendment request is in the area of one of these sections.

Back Continue



# How do I submit an amendment request?

STEP 4. Update highlighted fields on the requests form. Submit the amendment.

**Request Detail**  
Request ID: IME-188-01  
Please continue through the request and indicate the amendments desired. The areas highlighted in blue are the change in scope.

**General Information** | Request Information | Delivery Format | Planned Outcomes | Budget | Document Uploads | Accreditation Details

Authorized Signer/Payee

- Activity Sub-Type (Base selection on the target audience): Independent Medical Educ
- Therapeutic Area (Please choose the therapeutic area that relates to your program): Adherence Persistence
- Program Title: Medical Education Grant
- Program/Activity Description: Demo
- Decision Requested by Date: 10 Jun 2019
- Program Start Date: 17 Jun 2019
- Program End Date: 18 Jun 2019
- Support Type: Monetary
- Currency: USD
- Requested Amount: 3,000.00
- Estimated Program Budget: 3,000.00
- Is other financial support being sought for this program?  Yes  No
- Is the payee on the CMS Teaching Hospital list or a subsidiary of a listed organization?  Yes  No

Save and Back | Save and Continue Later | Save and Proceed to Next Step | Cancel

**Request Detail**  
Request ID: IME-188-01  
Please continue through the request and indicate the amendments desired. The areas highlighted in blue are the change in scope.

**General Information** | Request Information | **Delivery Format** | Planned Outcomes | Budget | Document Uploads | Accreditation Details

Authorized Signer/Payee

Total # of Activities	1	Total # of Learners	12
Enduring Activities	1	Evaluating Learners	12
Live Activities	0	Live Learners	0
Web Activities	0	Web Learners	0

Delivery Format	Enduring Material	# of Speakers/Faculty Members	12	# of Invited Speakers/Faculty Members	12
Release Date	17 Jun 2019	Expiration Date	18 Jun 2019	Will the print documents be published in a peer reviewed journal?	No

Description of Enduring Activity

Audience Group	Specialty	If this program is accredited, please choose Category of Credit	CE/CME Credit Hours for Category	# of Invitations Expected to be Distributed	# of Expected Learners	# of Learners Expected to Receive Credit
Discipline	Does Not Apply	ACPE	11	12	12	12

Delivery Format Type

Audience Group	Specialty	If this program is accredited, please choose Category of Credit	CE/CME Credit Hours for Category	# of Invitations Expected to be Distributed	# of Expected Learners	# of Learners Expected to Receive Credit

# How do I submit an amendment request?

STEP 5. Review amendment before submitting. Check the checkbox within the agreement section to continue to submission. Click “Proceed” to submit the request.

### Request Review

Request ID IME-188-01  Print

**General Information**

Request ID	IME-188-01
Activity Sub-Type	Independent Medical Education
Therapeutic Area	Adherence Persistence
Program Title	Medical Education Grant
Program/Activity Description	Demo
Decision Requested by Date	11 Jun 2019
Program Start Date	18 Jun 2019
Program End Date	19 Jun 2019
Support Type	Monetary
Currency	USD
Requested Amount	3,000.00
Estimated Program Budget	3,000.00
Is other financial support being sought for this program?	No
Is the payee on the CMS Teaching Hospital list or a subsidiary of a listed organization?	No

**Request Information**

Needs Assessment Summary	Demo
Is this request associated with a medical meeting?	No
Learning Objectives	<input type="text" value="Objective"/> <input type="text" value="Demo"/>

**Authorized Signer and Payee**

Authorized Signer First Name	Ana
Authorized Signer Last Name	Moore
Authorized Signer Email Address	requestor@yopmail.com

**Payee Information**

Who will be receiving the payment?	Requesting Organization
Attention	Ana Moore

Address 1	Country	City	State/Province/Region	Postal Code
319 George Street	United States	New Brunswick	NJ	12123

**Agreement**

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

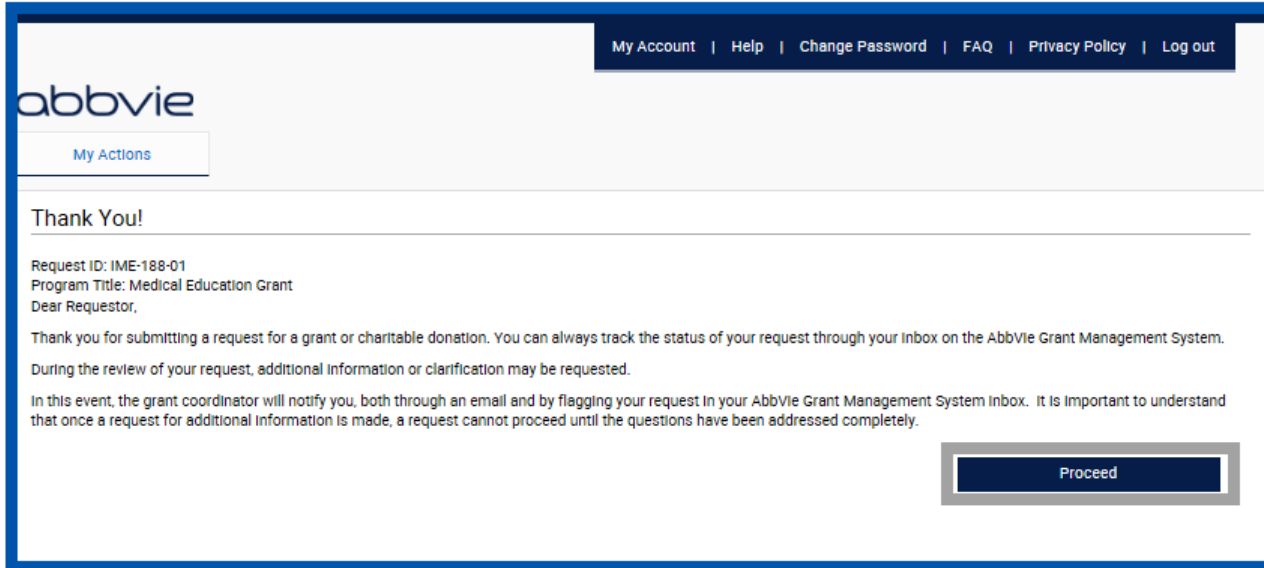
Cancel

Back

Proceed

## How do I submit an amendment request?

STEP 6. Confirmation of submission page will display.



The screenshot shows a web page with a dark blue header containing navigation links: My Account | Help | Change Password | FAQ | Privacy Policy | Log out. Below the header is the AbbVie logo and a 'My Actions' button. The main content area is titled 'Thank You!' and contains the following text:

Request ID: IME-188-01  
Program Title: Medical Education Grant  
Dear Requestor,

Thank you for submitting a request for a grant or charitable donation. You can always track the status of your request through your Inbox on 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 in your AbbVie Grant Management System inbox. It is important to understand that once a request for additional information is made, a request cannot proceed until the questions have been addressed completely.

A 'Proceed' button is located at the bottom right of the page.

# How do I view and sign the Letter of Agreement?

STEP 1. Navigate to your inbox and locate the request waiting for your approval. Click “Please Submit Letter of Agreement”.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

Welcome, Ana Moore

**Welcome to the AbbVie Grant Management System!**

**Submitting a Request**

When submitting a request, you will be guided through the electronic submission. Please make sure that you complete each required field designated by an asterisk (\*). Should AbbVie need additional information, we will notify you via an email sent to the address you provided upon registration.

AbbVie will review all requests. Please note that submission of a request does not indicate that AbbVie has agreed to provide support. You will be notified of the decision via an email sent to the address you provided upon registration.

**Reviewing Request Status**

In your inbox below, you can view the status of all requests, submitted to date. The status of each application is updated regularly as the status changes. An item in your Action Items column indicates you need to take an action on that request.

Submit New Request

**Education Inbox**

Request ID	Status	Amendment	Program Title	Start Date	Action Required	View/Print Agreement
IME-140	Under Review		<a href="#">Education Request</a>	17 Jun 2019	<a href="#">Please Submit Letter of Agreement</a>	

Page size: 10

1 items in 1 pages

# How do I view and sign the Letter of Agreement?

STEP 2. Read the Letter of Agreement. Click on:

- “Approve” to accept the Letter of Agreement.
- Selecting “Decline” will prompt you to provide a reason for your denial which will be sent to AbbVie for review.

**Execute Agreement**

---

This Agreement is made between:  
 with a business address of:  
 and Accreditor (if applicable): Same as above or  
 with a business address of:

(hereinafter "Provider(s)")

and:  
**AbbVie Inc.**  
 with a business address of:  
**1 N Waukegan Road, Bldg AP34-1, Dept ZZ02**  
**North Chicago, IL 60064**

(hereinafter "AbbVie")

The parties agree that AbbVie shall contribute funds to the Provider for independent medical education activities on the following terms and conditions:

**1. The Program**

1.1 The Provider(s) shall use the funds provided by AbbVie hereunder solely to support the costs of the following accredited educational program ("Program"):

Name of Program:  
 Event:

Type Of Activity	
Dates:	
Location:	

Date(s):  
 Is Program Accredited:  
 Name of Educational Partner:

**8. Data Protection**

8.1 In connection with the Program, the Provider may provide or submit certain information to AbbVie (e.g., taxpayer identification number ("TIN"), employer identification number ("EIN"), or Form W9 information). The Provider hereby consents to the transfer of such data to AbbVie, its related companies, or other companies hired by AbbVie to collect, process or store data in connection with this Agreement. The Provider understands that this information may be transferred to other countries, including the United States, where data protection laws may be different from those in the country where the Provider resides. AbbVie will abide by all applicable data protection and privacy laws with respect to the Provider's information.

**9. Assignment**

9.1 The Provider shall not assign this Agreement or any of its obligations or liabilities hereunder without the prior written consent of AbbVie. AbbVie may assign this Agreement without the consent of the Provider. For purposes of this Agreement, any material change in the ownership or control of the Provider or its business shall be deemed to be an assignment for which AbbVie's prior consent is required. This Agreement will be binding upon and inure to the benefit of the successors and permitted assigns.

**10. Ethics and Compliance Officer Review**

10.1 Prior to execution by AbbVie and to the extent required by the appropriate AbbVie divisional Ethics and Compliance Department, all independent medical education grants must be reviewed and approved by the Ethics and Compliance Officer (or delegate). Any additional stipulations to this Agreement require approval of the Ethics and Compliance Officer (or delegate). The Ethics and Compliance Officer (or delegate) shall indicate approval to the extent required by their electronic signature with this agreement.

**BUDGET**

The total amount of support funded by AbbVie for these designated activities is . The detailed budget is

[Back](#) [Decline](#) [Approve](#)

# How do I submit reconciliation for an Education request?

STEP 1. Click the “Please Reconcile Budget and Attendance” action link in your inbox.

The screenshot shows the user interface for the AbbVie Grant Management System. At the top, there is a navigation bar with links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". Below this is the "abbvie" logo and a "My Actions" button. The main content area is titled "Welcome, Ana Moore" and includes a "Submit New Request" button. The "Education Inbox" section contains a table with the following data:

Request ID	Status	Amendment	Program Title	Start Date	Action Required	View/Print Agreement
IME-140	Pending Reconciliation		<a href="#">Education Request</a>	17 Jun 2019	<a href="#">Please Reconcile Budget and Attendance</a>	<a href="#">View/Print Agreement</a>

Below the table, there is a pagination control showing "Page size: 10" and "1 Items in 1 pages".

# How do I submit reconciliation for an Education request?

STEP 2. Locate your delivery format and select the pencil icon to update the attendee information.


**Reconcile Speakers and Attendees**

Please complete all required fields. An asterisk "\*" indicates a required field.

You must enter in the Actual # of Attendees for all saved activities before being able to proceed.

<b>Total # Of Activities</b>	2	<b>Total # of Learners</b>	24
<b>Enduring Activities</b>	0	<b>Enduring Learners</b>	0
<b>Live Activities</b>	1	<b>Live Learners</b>	12
<b>Web Activities</b>	1	<b>Web Learners</b>	12

<b>Delivery Format</b>	Live	<b># of Speakers/Faculty Members</b>	12	<b># of Paid Speakers/Faculty Members</b>	12	
<b>Venue Country</b>	United States	<b>State</b>	MA	<b>Venue City</b>	City	
<b>Venue Name</b>	Demo	<b>Criteria for Faculty Selection</b>		<b>What percentage of expected learners are US based?</b>	12	
<b>Activity Start Date</b>	29 May 2019	<b>Activity End Date</b>	29 May 2019	<b>Is the venue Actual or Proposed?</b>	Actual	

# How do I submit reconciliation for an Education request?

STEP 3. Enter in all required fields for the delivery format.


- \* Delivery Format Type
- \* Delivery Format
- \* # of Speakers/Faculty Members
- \* # of Paid Speakers/Faculty Members
- Criteria for Faculty Selection
- \* Activity Start Date This date must be at least 0 days from today's date.
- \* Activity End Date
- \* Venue Name
- \* Is the venue Actual or Proposed?  Actual  Proposed
- \* Venue Country
- \* State
- \* Venue City
- \* Postal Code
- \* What percentage of expected learners are US based?

* Audience Group	* Specialty	* If this program is accredited, please choose Category of Credit	* CE/CME Credit Hours for Category	* # of Actual Invitations Distributed	* # of Actual Learners	* # of Actual Learners to Receive Credit
<input type="text" value="Dieticians"/>	<input type="text" value="Pediatricians"/>	<input type="text" value="AAFP"/>	<input type="text" value="19"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## How do I submit reconciliation for an Education request?

STEP 4. After entering the attendees, select the pencil and notepad icon to save the delivery format. This process will need to be done for each of the delivery formats that were submitted with the request. You will not be able to proceed to the next page until all mandatory fields are filled out and the pencil and notepad icon has been selected.

<b>Delivery Format</b>	Live	<b># of Speakers/Faculty Members</b>	12	<b># of Paid Speakers/Faculty Members</b>	12	
<b>Venue Country</b>	United States	<b>State</b>	MA	<b>Venue City</b>	City	
<b>Venue Name</b>	Demo	<b>Criteria for Faculty Selection</b>		<b>What percentage of expected learners are US based?</b>	12	
<b>Activity Start Date</b>	29 May 2019	<b>Activity End Date</b>	29 May 2019	<b>Is the venue Actual or Proposed?</b>	Actual	

Audience Group	Specialty	If this program is accredited, please choose Category of Credit	CE/CME Credit Hours for Category	# of Invitations Expected to be Distributed	# of Expected Learners	# of Learners Expected to Receive Credit
Dieticians	Pediatricians	AAFP	19	12	12	12

# How do I submit reconciliation for an Education request?

STEP 5. Budget section of the reconciliation form will display in read only format.

### Budget Information

Please indicate the Total Program Budget for all activities for this program.

Currency : USD			
Estimated Program Budget	2,000.00	Approved Amount	2,000.00

---

### Print Materials

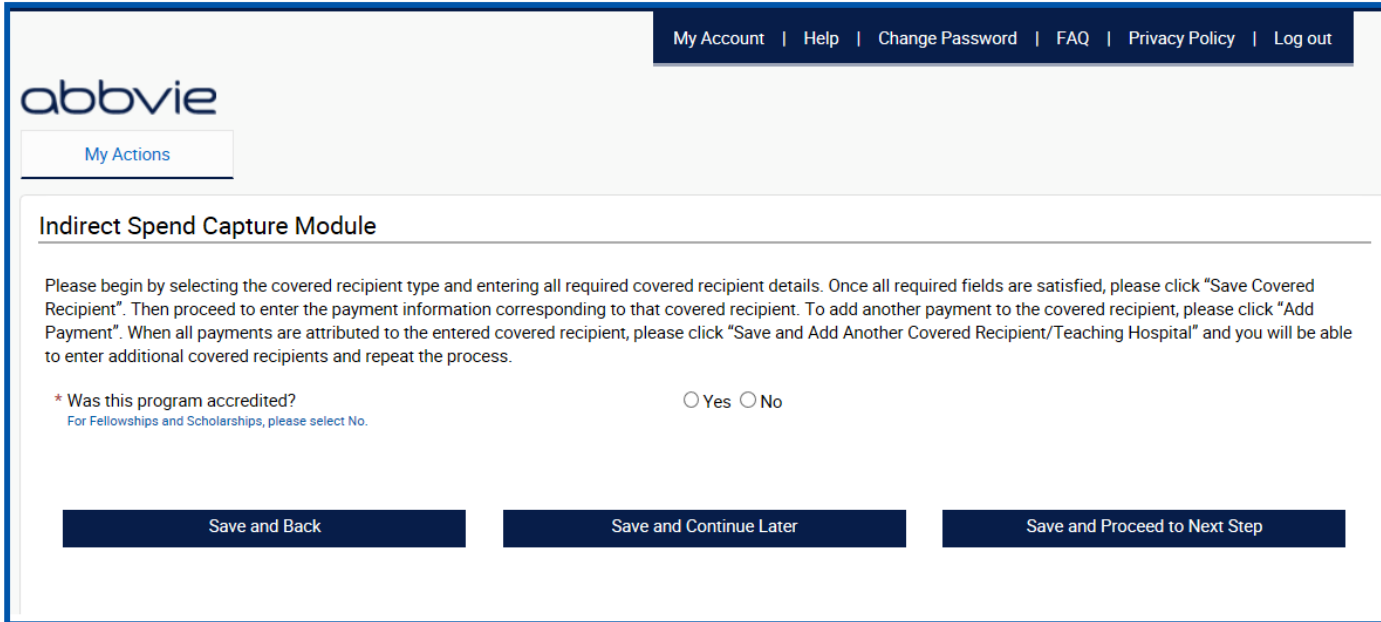
	Unit Cost	Hours/Unit	Estimated Program Budget	Comments
<b>Account and Activity Management</b> <small>Costs associated with the overall administration, budget and monitoring of the program (s.)</small>	200.00	10	2,000.00	Demo
<b>Activity Marketing</b> <small>Costs associated with the promotion and advertising of the program (s) other than meeting materials, invitations, and audience generation</small>				
<b>Editorial Fees</b> <small>Writing, editing, layout design, and proofreading fees associated with program content.</small>				
<b>Medical Writing and Scientific Review</b> <small>Costs associated with medical/scientific expertise utilized in the development of educational content including but not limited to: medical and scientific review, scientific validation, copy writing, copy editing, periodic updates and requesting/securing licenses and permissions</small>				
<b>Creative Development and Production</b> <small>Costs associated with program concept development, design and execution other than marketing and advertising</small>				

<b>Audience Generation</b> <small>Design, development and implementation of multiple audience generation tactics. E.g. electronic/print invitations, purchase of distribution lists, electronic/social networking.</small>			
<b>Program Effectiveness</b> <small>Costs associated with measuring the effectiveness of the program (s). E.g. survey development, compilation costs and final report development.</small>			
<b>Mailing Lists/Labels</b> <small>Costs associated with compiling mailing lists and labels other than the cost associated with audience generation.</small>			
<b>Shipping and Postage</b> <small>Shipping and postage fees associated with the program (s.)</small>			
<b>Accreditation Fees</b> <small>Accredited provider expenses for managing program (s) in accordance with the applicable accrediting body.</small>			
<b>Certificate Fees</b> <small>Costs associated with preparation and distribution of CME/CE certificates.</small>			
<b>Association Fees</b> <small>Medical/Professional association fees charged specifically for the program (s.)</small>			
<b>Other (Please explain)</b> <small>If using this field, a complete description must be added to the "Comment" section of this line item.</small>			
<b>Total</b>			<b>USD 2,000.00</b>
<a href="#">Save and Back</a>	<a href="#">Save and Continue Later</a>	<a href="#">Save and Proceed to Next Step</a>	
<a href="#">Cancel</a>			

## How do I submit reconciliation for an Education request?

STEP 6. If any HCO(s) and HCP(s) are associated with the program, they can be added thru Indirect Spend Module.

**Note: If the program is not accredited covered recipients are reportable and must be added during reconciliation.**



The screenshot shows the Abbvie web application interface. At the top right, there is a navigation bar with links: My Account | Help | Change Password | FAQ | Privacy Policy | Log out. The main header features the Abbvie logo and a "My Actions" button. The central section is titled "Indirect Spend Capture Module" and contains a detailed instruction paragraph: "Please begin by selecting the covered recipient type and entering all required covered recipient details. Once all required fields are satisfied, please click 'Save Covered Recipient'. Then proceed to enter the payment information corresponding to that covered recipient. To add another payment to the covered recipient, please click 'Add Payment'. When all payments are attributed to the entered covered recipient, please click 'Save and Add Another Covered Recipient/Teaching Hospital' and you will be able to enter additional covered recipients and repeat the process." Below this text is a question: "\* Was this program accredited?" with radio buttons for "Yes" and "No". A note below the question states: "For Fellowships and Scholarships, please select No." At the bottom of the form, there are three dark blue buttons: "Save and Back", "Save and Continue Later", and "Save and Proceed to Next Step".

## How do I add covered recipient in indirect spend module of reconciliation for my request?

STEP 7. Select No to “Was this program accredited?”.

STEP 8: Indicate that an indirect payment or transfer of value (TOV) was made to a covered recipient or teaching hospital.

### Indirect Spend Capture Module

Please begin by selecting the covered recipient type and entering all required covered recipient details. Once all required fields are satisfied, please click “Save Covered Recipient”. Then proceed to enter the payment information corresponding to that covered recipient. To add another payment to the covered recipient, please click “Add Payment”. When all payments are attributed to the entered covered recipient, please click “Save and Add Another Covered Recipient/Teaching Hospital” and you will be able to enter additional covered recipients and repeat the process.

\* Was this program accredited?  Yes  No  
For Fellowships and Scholarships, please select No.

\* Was an indirect payment or transfer of value (TOV) made to a covered recipient or teaching hospital?  Yes  No

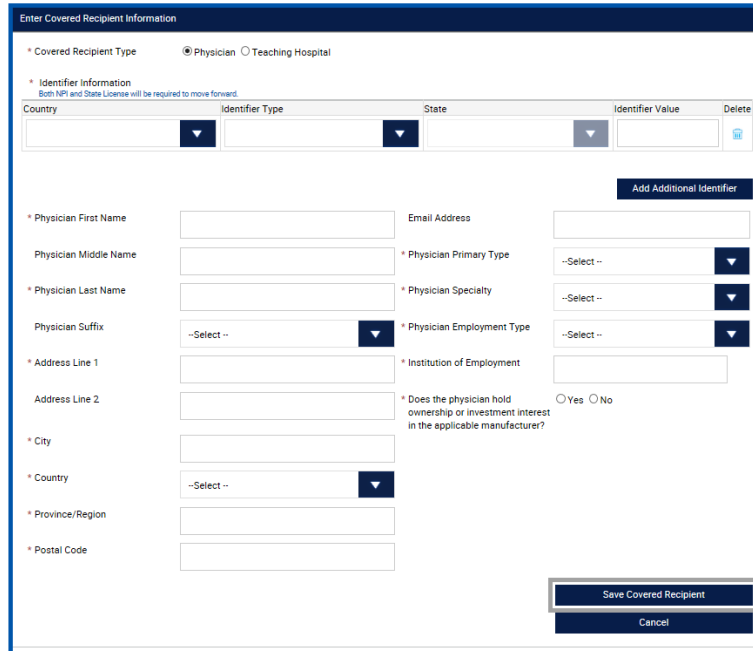
#### Enter Covered Recipient Information

\* Covered Recipient Type  Physician  Teaching Hospital

# How do I add covered recipient (physician) in indirect spend module of reconciliation for my request?

STEP 9. Select a covered recipient type “Physician”. Enter physician’s information and click on Save Covered Recipient button.


**Note: Both NPI and State License will be required to move forward.**



Enter Covered Recipient Information

\* Covered Recipient Type  Physician  Teaching Hospital

\* Identifier Information  
Both NPI and State License will be required to move forward.

Country	Identifier Type	State	Identifier Value	Delete
				

[Add Additional Identifier](#)

\* Physician First Name  Email Address

Physician Middle Name  \* Physician Primary Type

\* Physician Last Name  \* Physician Specialty

Physician Suffix  \* Physician Employment Type

\* Address Line 1  \* Institution of Employment

Address Line 2  \* Does the physician hold ownership or investment interest in the applicable manufacturer?  Yes  No

\* City

\* Country

\* Province/Region

\* Postal Code

[Save Covered Recipient](#)

[Cancel](#)

# How do I add covered recipient (physician) in indirect spend module of reconciliation for my request?

STEP 10. Once covered recipient is added, provide payment information details and click Save Payment button.

STEP 11. The covered recipient must be re-entered for each payment (transfer of value).

**Saved Covered Recipient / Teaching Hospital Information**

Covered Recipient Type	First Name	Last Name	Address Line 1	City	State/Province/Region	Country	Delete	Edit
Physician	Mark	Thomson	318 George Street	New Brunswick	NE	United States		

---

**Payment Information**

\* Entity Making Indirect Payment

\* Amount of Payment

\* Date of Payment

\* Number of Payments Included in the Payment Amount

\* Form of Payment or Transfer of Value (TOV)

\* Nature of Payment or Transfer of Value (TOV)

\* Country of Travel

\* City of Travel

\* State of Travel

\* Third Party Payment Recipient Indicator

\* Currency

The currency chosen is informational only. The system will not convert the amounts into the new chosen currency. Please continue with reconciliation in the currency of the request.

\* Purpose of Spend

\* Travel Type

\* Venue Type

\* Expense Date

Compensation for Services A:  
Serving as faculty or as a speaker at a venue other than a continuing education program. Does not include consulting.

Compensation for Services B:  
Serving as faculty or as a speaker for a nonaccredited and noncertified continuing education program.

Compensation for Services C:  
Serving as faculty or as a speaker for an accredited or certified continuing education program.

## How do I add covered recipient (teaching hospital) in indirect spend module of reconciliation for my request?

STEP 12. Select a covered recipient type “Teaching Hospital”. Search for teaching hospital by entering any search criteria in search section, click Search. Select a teaching hospital form the list then click on Save Covered Recipient button.

Enter Covered Recipient Information

Covered Recipient Type  Physician  Teaching Hospital

Teaching Hospital Name  Country

City  Identifier Type

State/Province  License State

Identifier Value

If you cannot find the hospital that you are trying to add, then it means it is not on the current CMS Teaching Hospital List for this calendar year, and does not need to be captured in this section of Reconciliation.

Organization Legal Name	Address Line 1	City	State/Province/Region	Postal Code	Select
ABBOTT NORTHWESTERN HOSPITAL	800 EAST 28TH STREET	MINNEAPOLIS	MN	55407	<input checked="" type="radio"/>
1					

**Identifier Information**  
Both NPI and State License will be required to move forward.

Country  Identifier Type  State  Identifier Value

**US Teaching Hospital Name**  Email Address

**Address Line 1**  **NPI Number**

**Address Line 2**  **Business Entity Type**

**Country**  **City**

**State**  **Postal Code**

# How do I add covered recipient (teaching hospital) in indirect spend module of reconciliation for my request?

STEP 13. Once covered recipient is added, provide payment information details and click Save Payment button.

STEP 14. The covered recipient must be re-entered for each payment (transfer of value).

Saved Covered Recipient / Teaching Hospital Information								
Covered Recipient Type	First Name	Last Name	Address Line 1	City	State/Province/Region	Country	Delete	Edit
Physician	Mark	Thomson	318 George Street	New Brunswick	NE	United States		

Payment Information	
* Entity Making Indirect Payment	<input type="text"/>
* Amount of Payment	<input type="text"/>
* Date of Payment	<input type="text"/>
* Number of Payments Included in the Payment Amount	<input type="text"/>
* Form of Payment or Transfer of Value (TOV)	--Select--
* Nature of Payment or Transfer of Value (TOV)	--Select--
* Country of Travel	--Select--
* City of Travel	<input type="text"/>
* State of Travel	--Select--
* Third Party Payment Recipient Indicator	--Select--
* Currency	USD
* Purpose of Spend	--Select--
* Travel Type	--Select--
* Venue Type	--Select--
* Expense Date	<input type="text"/>

The currency chosen is informational only. The system will not convert the amounts into the new chosen currency. Please continue with reconciliation in the currency of the request.

Compensation for Services A:  
Serving as faculty or as a speaker at a venue other than a continuing education program. Does not include consulting.

Compensation for Services B:  
Serving as faculty or as a speaker for a nonaccredited and noncertified continuing education program.

Compensation for Services C:  
Serving as faculty or as a speaker for an accredited or certified continuing education program.



## How do I submit reconciliation for an Education request?

STEP 15. Enter the Reconciliation Details for the request and certify that you used the funds properly. You may add supporting documents to this part of the reconciliation.

### Reconciliation Details

Please complete all required fields. Asterisk "\*" indicates required field.

* I certify that the funds received were used only for the activity(ies) detailed?in my original request or approved change of scope. in my original request or approved change of scope.	<input checked="" type="radio"/> Yes <input type="radio"/> No
* Estimated Program Budget	USD 2,000.00
Approved Amount	USD 2,000.00
* Actual Total Program Budget	<input type="text" value="500.00"/>
* Total amount of AbbVie funding used	<input type="text" value="500.00"/>
Refund Amount	USD 1500.00

By selecting this acknowledgement, I affirm that my program was cancelled or only a portion of the funds provided by AbbVie for this program were used for the purposes outlines in the executed Letter of Agreement, and the unused/remaining funds are being returned.

# How do I submit reconciliation for an Education request?

STEP 16. Review the Reconciliation Information that was entered and make any edits that are needed. Select “Submit” when completed.

### Reconcile Speakers and Attendees

Please complete all required fields. An asterisk \* indicates a required field.

You must enter in the Actual # of Attendees for all Delivery Formats before being able to proceed.

<b>Total # of Activities</b>		
<b>Enduring Activities</b>		
<b>Live Activities</b>		
<b>Web Activities</b>		

<b>Delivery Format</b>	Enduring Materials	<b>#</b>	<b>S</b>	<b>M</b>
<b>Release Date :</b>	17 Jun 2019	<b>E</b>		

<b>Audience Group</b>	<b>Specialty</b>
Dieticians	Endocrinologists

<b>Total # of Activities</b>		
<b>Enduring Activities</b>		
<b>Live Activities</b>		
<b>Web Activities</b>		

[Back](#)

### Budget Information

Please indicate the Total Program Budget for all activities for this program.

<b>Currency - USD</b>	
<b>Estimated Program Budget</b>	2,000.00
<b>Approved Amount</b>	

**Print Materials**

	Unit Cost	Hours/Unit
<b>Account and Activity Management</b> <small>Costs associated with the overall administration, budget and monitoring of the program (s).</small>	200.00	10
<b>Activity Marketing</b> <small>Costs associated with the promotion and advertising of the program (s) other than meeting materials, invitations, and audience generation.</small>		
<b>Editorial Fees</b> <small>Writing, editing, layout design, and proofreading fees associated with program content.</small>		
<b>Medical Writing and Scientific Review</b> <small>Costs associated with medical/scientific expertise utilized in the development of educational content including but not limited to: medical and scientific review, scientific validation, copy writing, copy editing, periodic updates and requesting/renewing licenses and permissions.</small>		
<b>Creative Development and Production</b> <small>Costs associated with program concept development, design and execution other than marketing and advertising.</small>		
<b>Audience Generation</b> <small>Design, development and implementation of multiple audience generation tactics. Eg. electronic/print invitations, purchase of distribution lists, electronic/social networking.</small>		

### Indirect Spend Capture Module

Was this program accredited? No

Was an indirect payment or transfer of value (TOV) made to a covered recipient or US teaching hospital?

#### Covered Recipient Information

Identifier Information	
Country	Identifier Type
United States	NPI
United States	State License
<b>Covered Recipient Type</b>	Physician
<b>Physician First Name</b>	Mark
<b>Physician Middle Name</b>	
<b>Physician Last Name</b>	Thomson
<b>Physician Suffix</b>	
<b>Address Line 1</b>	318 George Street
<b>Address Line 2</b>	
<b>City</b>	New Brunswick
<b>Country</b>	United States
<b>State</b>	NE
<b>Postal Code</b>	12132

### Reconciliation Details

Please complete all required fields. Asterisk \* indicates required field.

- \* I certify that the funds received were used only for the activity(ies) detailed in my original request or approved change of scope.  Yes  No
- \* Estimated Program Budget USD 2,000.00
- Approved Amount USD 2,000.00
- \* Actual Total Program Budget 500.00
- \* Total amount of Abbvie funding used 500.00
- Refund Amount USD 1,500.00

By selecting this acknowledgement, I affirm that my program was cancelled or only a portion of the funds provided by Abbvie for this program were used for the purposes outlined in the executed Letter of Agreement, and the unused/remaining funds are being returned.

Reconciliation

Browse

Remove

Add Document

Save and Back

Save and Continue Later

Save and Proceed to Next Step

## How do I submit reconciliation for a Charitable Donation request?

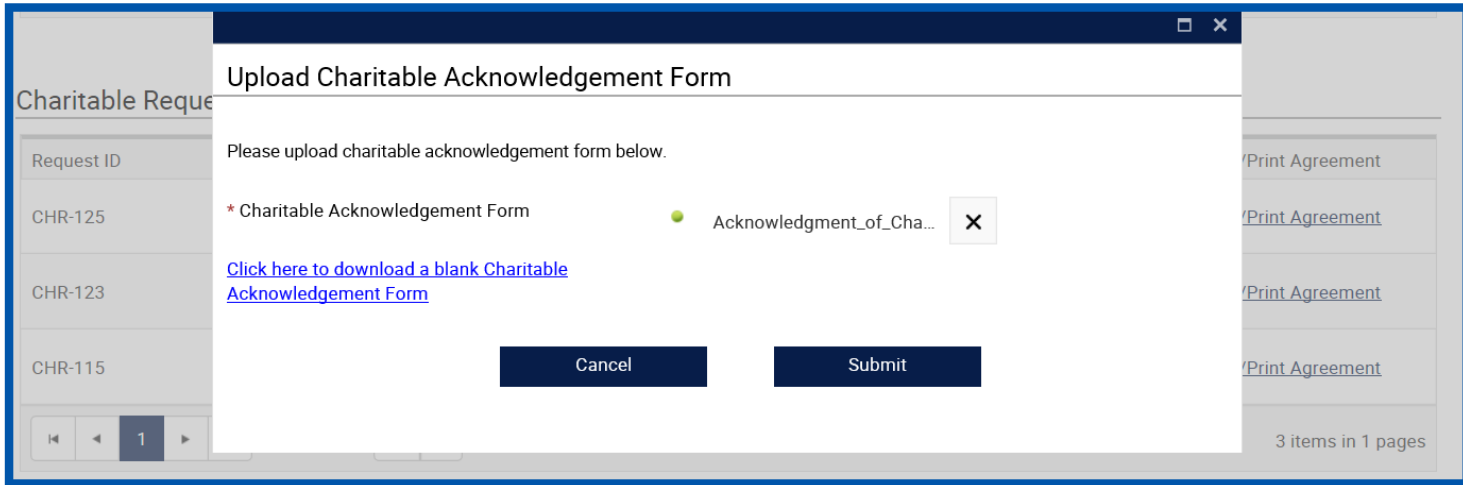
STEP 1. Click the “Upload Charitable Acknowledgement Form” action link in your inbox. **NOTE: This is due within 30 days of payment receipt.**

Charitable Requests Inbox					
Request ID	Status	Program Title	Start Date	Action Required	View/Print Agreement
CHR-125	Pending Reconciliation	<a href="#">Charitable Donations</a>	19 Jun 2019	<a href="#">Upload Charitable Acknowledgement Form</a>	<a href="#">View/Print Agreement</a>
CHR-123	Pending Reconciliation	<a href="#">Charitable Reconciliation</a>	18 Jun 2019	<a href="#">Upload Charitable Acknowledgement Form</a>	<a href="#">View/Print Agreement</a>
CHR-115	Pending Reconciliation	<a href="#">Charitable</a>	17 Jun 2019	<a href="#">Upload Charitable Acknowledgement Form</a>	<a href="#">View/Print Agreement</a>

Navigation: 1 Page size: 10 3 items in 1 pages

## How do I submit reconciliation for a Charitable Donation request?

STEP 2. Download “Charitable Acknowledgement Form”, complete the form, then upload it.



The screenshot shows a web application interface with a modal dialog box titled "Upload Charitable Acknowledgement Form". The dialog contains the following text and elements:

- Header: "Upload Charitable Acknowledgement Form"
- Instruction: "Please upload charitable acknowledgement form below."
- Form field: A text input field with a green dot on the left and a close button (X) on the right. The text inside the field is "Acknowledgment\_of\_Cha...".
- Link: "[Click here to download a blank Charitable Acknowledgement Form](#)"
- Buttons: "Cancel" and "Submit" buttons.

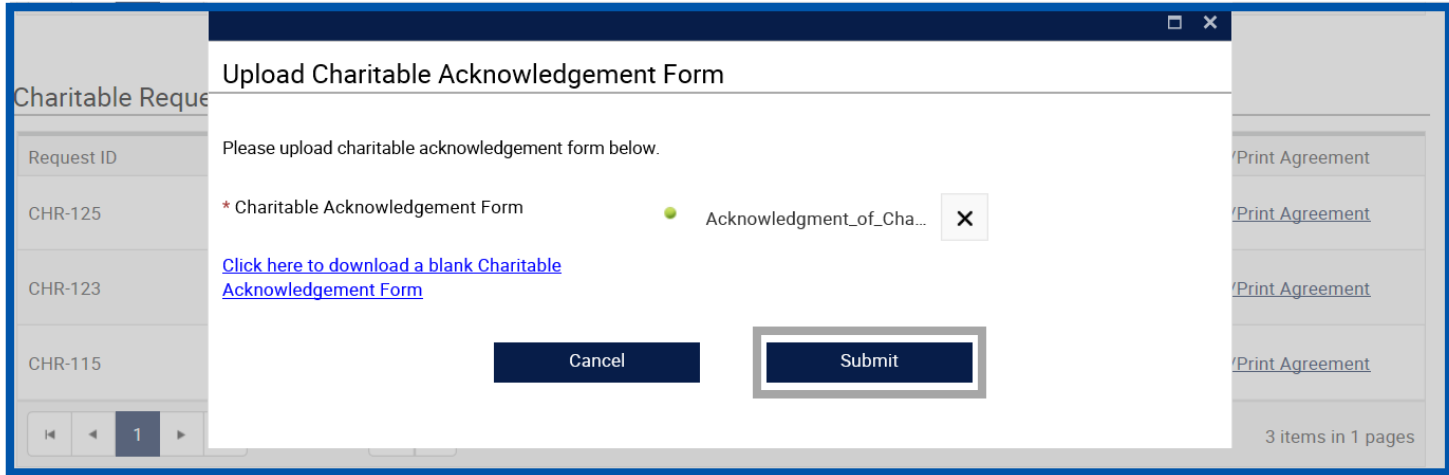
The background of the application shows a table with the following columns and rows:

Request ID		
CHR-125		<a href="#">Print Agreement</a>
CHR-123		<a href="#">Print Agreement</a>
CHR-115		<a href="#">Print Agreement</a>

At the bottom of the table, there is a pagination control showing "1" and "3 items in 1 pages".

## How do I submit reconciliation for a Charitable Donation request?

STEP 3. Click “Submit” button to submit the reconciliation.



Charitable Reque

Request ID

CHR-125

CHR-123

CHR-115

1

3 items in 1 pages

Print Agreement

Print Agreement

Print Agreement

Print Agreement

### Upload Charitable Acknowledgement Form

Please upload charitable acknowledgement form below.

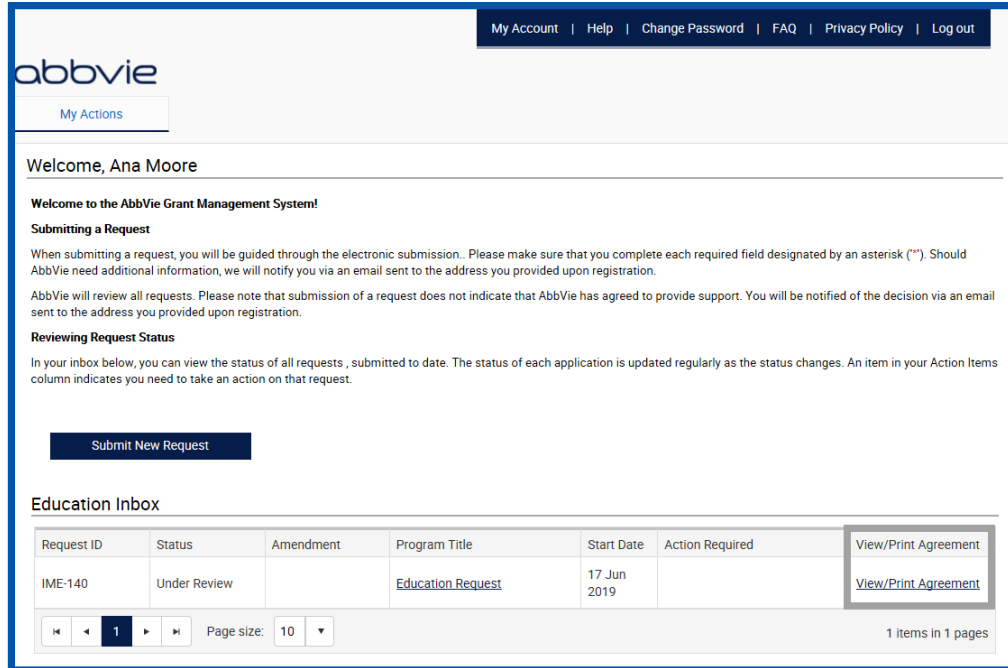
\* Charitable Acknowledgement Form    Acknowledgment\_of\_Cha... X

[Click here to download a blank Charitable Acknowledgement Form](#)

Cancel    Submit

## How do I view/print the Letter of Agreement?

STEP 1. After the agreement has been accepted by AbbVie, it is available within the inbox to be viewed and printed as needed. Click “View/Print Agreement” link.



My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

Welcome, Ana Moore

**Welcome to the AbbVie Grant Management System!**

**Submitting a Request**

When submitting a request, you will be guided through the electronic submission. Please make sure that you complete each required field designated by an asterisk (\*). Should AbbVie need additional information, we will notify you via an email sent to the address you provided upon registration.

AbbVie will review all requests. Please note that submission of a request does not indicate that AbbVie has agreed to provide support. You will be notified of the decision via an email sent to the address you provided upon registration.

**Reviewing Request Status**

In your inbox below, you can view the status of all requests, submitted to date. The status of each application is updated regularly as the status changes. An item in your Action Items column indicates you need to take an action on that request.

Submit New Request

**Education Inbox**

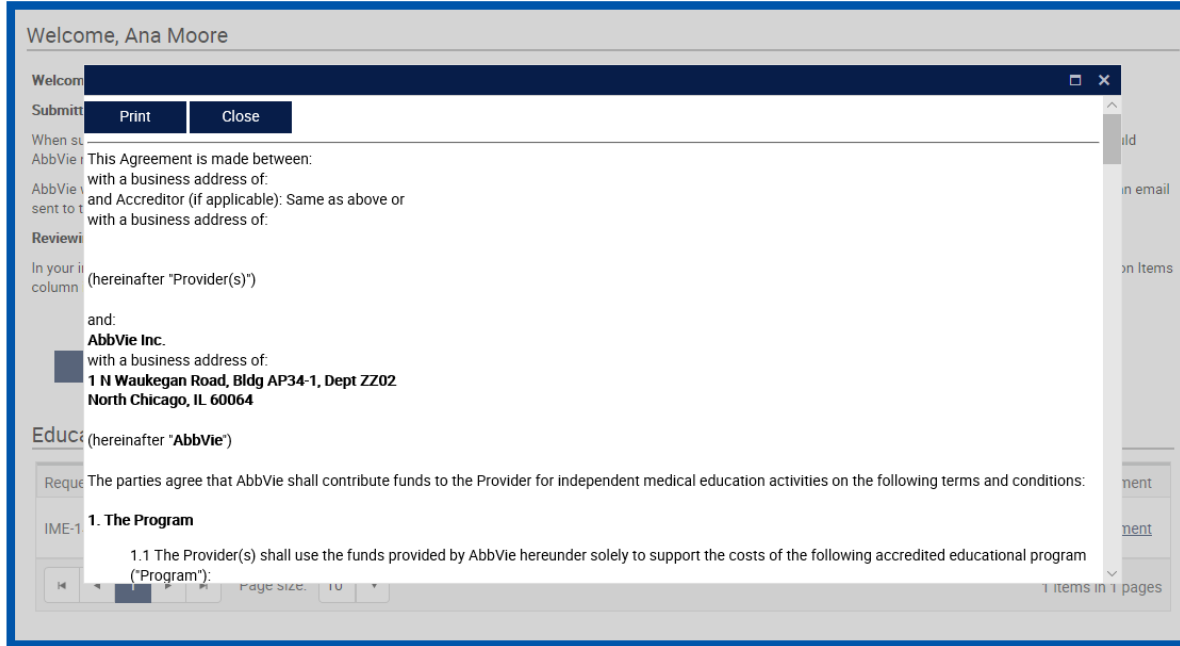
Request ID	Status	Amendment	Program Title	Start Date	Action Required	View/Print Agreement
IME-140	Under Review		<a href="#">Education Request</a>	17 Jun 2019		<a href="#">View/Print Agreement</a>

Page size: 10

1 items in 1 pages

## How do I view/print the Letter of Agreement?

STEP 2. A pop up will display with the Letter of Agreement that was signed. The print button is available in the top left corner.



The screenshot shows a web application interface with a pop-up window titled "Welcome, Ana Moore". The pop-up window has a dark blue header with a "Print" button and a "Close" button. The main content of the pop-up is a Letter of Agreement document. The document text includes:

When signed by:  
AbbVie Inc. with a business address of:  
AbbVie Inc. and Accreditor (if applicable): Same as above or  
sent to the following address:  
with a business address of:

**Review**  
In your independent column:  
(hereinafter "Provider(s)")  
and:  
**AbbVie Inc.**  
with a business address of:  
**1 N Waukegan Road, Bldg AP34-1, Dept ZZ02**  
**North Chicago, IL 60064**

**Educ** (hereinafter "AbbVie")

The parties agree that AbbVie shall contribute funds to the Provider for independent medical education activities on the following terms and conditions:

**1. The Program**

1.1 The Provider(s) shall use the funds provided by AbbVie hereunder solely to support the costs of the following accredited educational program ("Program"):

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1 items in 1 pages