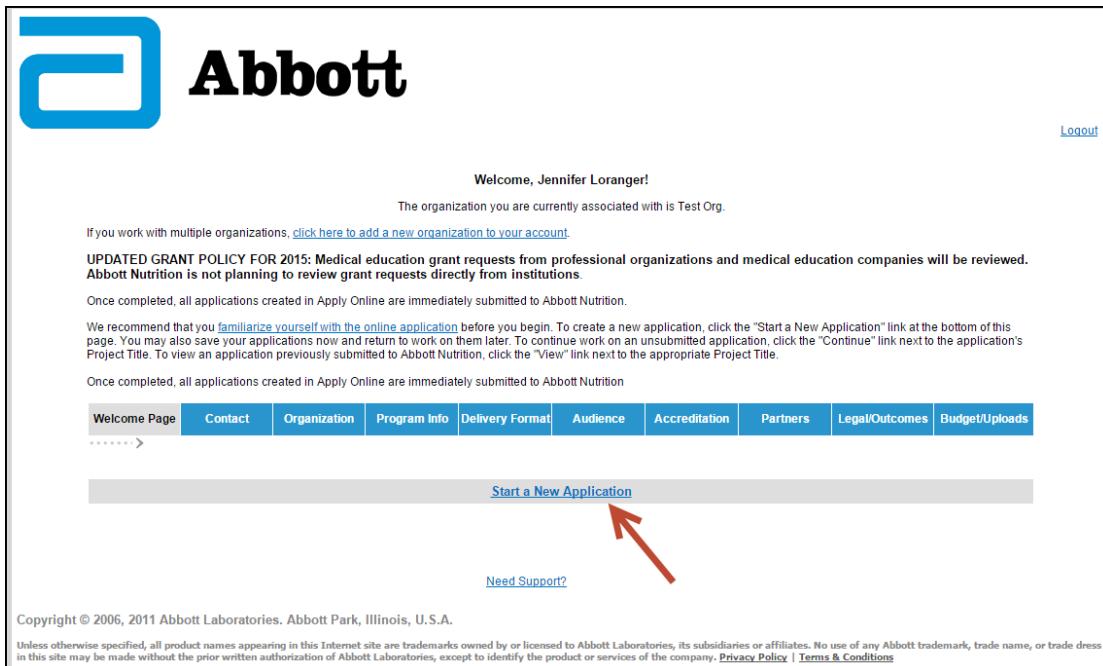


## How to Submit a Grant

1. Press the 'Start a New Application' link.



Welcome, Jennifer Loranger!

The organization you are currently associated with is Test Org.

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

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Once completed, all applications created in Apply Online are immediately submitted to Abbott Nutrition

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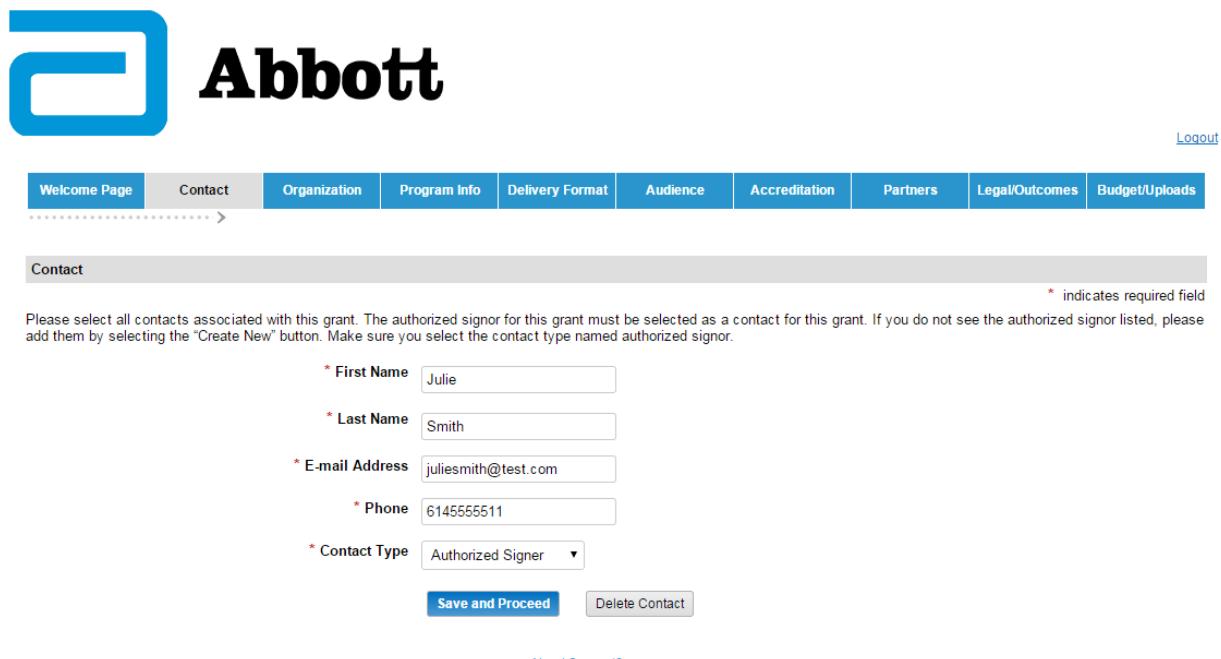
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2. Fill in the contact information.
3. Press the 'Save and Proceed' button.

**NOTE:** Your grant information is saved anytime you select the "Save and Proceed" button. At any point, you can start the application, save and complete later. Just make sure you select the "Save and Proceed" button before you leave the application.

**NOTE:** You do not have to complete the tabs in order. You are able to click on any blue tab at any point in the application process.



\* indicates required field

Please select all contacts associated with this grant. The authorized signor for this grant must be selected as a contact for this grant. If you do not see the authorized signor listed, please add them by selecting the "Create New" button. Make sure you select the contact type named authorized signor.

\* First Name

\* Last Name

\* E-mail Address

\* Phone

\* Contact Type

[Save and Proceed](#) [Delete Contact](#)

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4. Select the grant requestor's contact information by selecting the box next to "Match" (see screen shot below).
5. If you are not the authorized signor, you need to add the authorized signor as a separate contact. Select the "Create New" button to add the authorized signor. The contact type should be "Authorized Signor".
6. After you add all contacts associated with this grant press the 'Save and Proceed' button.

NOTE: If you need to edit a contact's information click on the contact's name.


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Contact \* indicates required field

Please select all contacts associated with this grant. The authorized signor for this grant must be selected as a contact for this grant. If you do not see the authorized signor listed, please add them by selecting the "Create New" button. Make sure you select the contact type named authorized signor.

<input checked="" type="checkbox"/> <b>Match:</b> Check the box to associate this individual with this application.	Name: <b>KELLY ADAMS</b> Telephone Number: 6146244392 E-mail Address: kelly.adams@test.com Contact Type: Grants Contact
<input checked="" type="checkbox"/> <b>Match:</b> Check the box to associate this individual with this application.	Name: <b>JULIE LEEDS</b> Telephone Number: 6146244165 E-mail Address: julieleeds@test.com Contact Type: Authorized Signer

Save and Proceed
Create New

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7. Fill in the organization and payment information and press the 'Save and Proceed' button when finished.

NOTE: IMPORTANT: Grant payment will be sent to this address. Please make sure you include an attention to name as well as floor or department number.

NOTE: The W-9 must be dated within the past 12 months.



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**Organization and Payment Information**

\* indicates required field

IMPORTANT: Grant payment will be sent to this address. Please make sure you include an attention to name as well as floor or department number.

\* Legal Name

AKA Name

\* Organization Type

\* Address

Address 2

\* City

\* State

\* Zip

Attn/Dept/Floor

\* Country

\* Telephone

\* Are you part of a larger organization?

\* Organization Website

\* May we contact you regarding your satisfaction with our Grant process?

**Accreditation Information**

\* Are you accredited?

\* Are any of your programs accredited by a third party?

**Document Uploads**

\* W-8/W-9

Other Documents

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8. Fill in the program information.
9. Press the 'Save and Proceed' button when finished.


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**Program Info**
\* indicates required field

Please fill in information regarding your program expectations.

\* Program Topic

AN: Malnutrition in Acute Care and Oncology
 ▼

\* Program Title

Malnutrition

\* Program Event Description

Malnutrition Symposia
 

(1980 character(s) remaining)

\* Program Start Date

02/25/2015
 ▼

(MM/DD/YYYY)

\* Program End Date

02/25/2015
 ▼

(MM/DD/YYYY)

\* Are there other potential supporters of this program?

No
 ▼

\* Abbott Personnel

If there are no complimentary personnel, enter 0.
   
 2

\* Will exhibits/displays be allowed?

No
 ▼

\* Is exhibit space complimentary to all supporters?

No
 ▼

What is the exhibit fee for supporters?

\$500

10. Select the 'Total Number of Formats' from the drop down list. A program could be delivered in multiple formats (e.g. Live Event and then offered as an online program). Please select the total number of formats for this grant request and then fill out the format detail fields. Press the 'Save and Proceed' button when finished.



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**Delivery Format**

\* indicates required field

A program could be delivered in multiple formats (e.g. Live Event and then offered as an online program). Please select the total number of formats for this grant request.

**\* Total Number of Formats** Please select the number of activities for this grant:

1

**Format Details 1**

Activity Format 1: Live Event

# Speaking/ Faculty Members 1: 5

# Paid Speakers/Faculty Members 1: 5

Promoted Geographic Focus 1: Regional

Activity Start Date 1: 02/25/2015 (MM/DD/YYYY)

Activity End Date 1: 02/25/2015 (MM/DD/YYYY)

Venue Name 1: Hotel

City/Locality 1: New York City

State/Province 1: New York

Zip Code 1: 12345

**Save and Proceed**

11. Fill out the audience information for your program. The top section is physician audience types (i.e. pediatricians, hospitalists) and the second section is your non-physician audience (i.e. nurses and dietitians). You will be asked to provide the HCP type as well as number expected for each of these HCP types.

12. Press the 'Save and Proceed' button when finished.



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**Audience**

\* indicates required field

Please provide the types of physicians that will be attending your program. If physicians are not a target, please leave all fields blank.

Physician Specialty 1: Hospitalists

Physician # of Expected 1: 50

Physician Specialty 2: Gastroenterologists

Physician # of Expected 2: 50

Physician Specialty 3:

Physician # of Expected 3:

Physician Specialty 4:

Physician # of Expected 4:

**Non-Physician Audience Group**

Please provide the types of healthcare professionals (non-physicians) that will be attending your program. If other healthcare professionals are not a target, please leave all fields blank.

Non-Physician Audience Group 1: Nurse

Non-Physician # Expected 1: 50

Non-Physician Audience Group 2: Dietitian/Nutritionist

Non-Physician # Expected 2: 50

13. Fill out the accreditation and healthcare professional fields.

**NOTE:** In the Healthcare Professionals section, you will be asked to select how many types of HCP's are receiving credit. After you designate the types (i.e. nurses, dietitians, etc.) you will be asked to designate how many credit hours they will receive as well as # of learners expected to receive credit. See example below.

14. Press the 'Save and Proceed' button when finished.



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**Accreditation**

\* indicates required field

\* Is this program certified for credits?

Who is the accrediting body?

Are you on probation by any accrediting body?

By selecting yes, I certify that this program will be offered for CE/CME Credit and all program elements will abide by the conditions set forth by the associated accrediting bodies.

**Healthcare Professionals**

\* Select the number of Health Care Professionals (HCP) types who will receive credit for the program:

Credit Hours for Degree Type 1: Please select degree type and enter category hours.

MD  AMA

1.00 Total

# of Learners 1: Number of learners expected to receive credit.

**Save and Proceed**

15. Fill out the partners field(s)

16. Press the 'Save and Proceed' button when finished.



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**Partners**

\* indicates required field

\* Third Party Evaluation: Will you be working with a 3rd party for outcomes/evaluations, logistics or an educational partner for this program?

**Save and Proceed**

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17. Fill out the legal/outcomes and outcomes fields.
18. Press the 'Save and Proceed' button when finished.

**NOTE:** The authorized signor must be a contact associated with this request. After filling out the authorized signor information, go back to the Contact tab and verify that this person is designated as a contact with the authorized signor type.



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**Legal/Outcomes**

In this section, please provide the contact information of the authorized signor for your organization.

\* indicates required field

\* Authorized Signer First Name

\* Authorized Signer Last Name

\* Authorized Signer Email  Email address of the person with legal authority to sign on behalf of your organization.

**Outcomes**

\* Pre-Assessment Completion Will you complete a pre-assessment for existing nutritional knowledge?

\* Post Assessment Completion Will you complete a post assessment to measure increased nutritional knowledge gained resulting from this program?

\* Methodology What methodology will you use to measure results?

**Save and Proceed**

The Contact tab should list the same authorized contact information as the Legal/Outcomes tab. See example below.



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**Contact**

\* indicates required field

Please select all contacts associated with this grant. The authorized signor for this grant must be selected as a contact for this grant. If you do not see the authorized signor listed, please add them by selecting the "Create New" button. Make sure you select the contact type named authorized signor.

Match: Check the box to associate this individual with this application. Name: **KELLY ADAMS**  
Telephone Number: 6146244392  
E-mail Address: kelly.adams@test.com  
Contact Type: Grant Contact

Match: Check the box to associate this individual with this application. Name: **JULIE LEEDS**  
Telephone Number: 6146244165  
E-mail Address: julieleeds@test.com  
Contact Type: Authorized Signer

**Save and Proceed** Create New

19. Fill in the budget/upload and upload fields.
20. Press the 'Save and Proceed' button when finished.

NOTE: At the top of the page, you will be asked for budget summary information.

In order to review your request for funding, you are required to itemize the funding requested from Abbott. You must download the spreadsheet in the "Uploads" section, complete the required information and upload the completed spreadsheet. Please make sure the "Total Amount Requested from Abbott" calculation on the spreadsheet matches the amount you populated in the "Total Requested from Abbott" field in the budget summary section.

You only need to provide budget details for **the amount requested from Abbott**.


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**Budget/Uploads**

Please provide a breakdown of your expected budget summary and upload required documents. \* indicates required field

\* **Total Program Amount** The total cost of your program.

\* **Total Income** 1. Registration Fee + 2. Potential Supporter Funding  
  
1  
  
2  
**\$0.00 Total**

\* **Total Amount Requested from Abbott** The amount you are asking for from Abbott. The itemized budget above must add up to this amount.

Uploads

\* **Budget** In order to review your request for funding, you are required to itemize the funding requested from Abbott. You must download [this spreadsheet](#), complete the required information and upload the completed spreadsheet. Please make sure the "Total Amount Requested from Abbott" calculation on the spreadsheet matches the amount you populated in the "Total Requested from Abbott" field above. You only need to provide budget details for **the amount requested from Abbott**.

\* **Final Agenda** The grant request will not be reviewed without a final program agenda.

\* **Speaker Biography** Organization, experience and expertise.

\* **Learning Objectives** List of learning objectives for each agenda topic.

\* **Needs Assessment** A summary identifying gaps in current knowledge.

**Other Documents**

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21. Review your application and either press the 'Submit' button to submit your application or press the 'Save Only' button to save your application and return later to submit it.



# Abbott

**Review Your Application**

Please review your proposal information. **IMPORTANT NOTE:** If your grant is funded, the payment will be sent to the location listed in the organization section. Please verify the accuracy of this information. If you are not ready to submit your proposal at this time, click the "Save Only" button. The proposal will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the application to Abbott Nutrition and you will then be unable to perform further editing.

**Contact**

\* First Name: Jennifer  
 \* Last Name: Loranger  
 \* E-mail Address: jennifer.loranger@cybergrants.com  
 \* Phone: 9788240338  
 \* Contact Type: Grants Contact

**Organization**

\* Legal Name: Test Org  
 AKA Name  
 \* Organization Type: Clinic  
 \* Address: 100 Main Street  
 Address 2  
 \* City: Andover  
 \* State: Massachusetts  
 \* Zip: 01810  
 Attn/Dept/Floor  
 \* Country: United States  
 \* Telephone: 9788240338  
 \* Are you part of a larger organization? No  
 \* Organization Website: www.testorg.com  
 \* May we contact you regarding your satisfaction with our Grant process? Yes

22. If you press the 'Save Only' button, you will see a 'Continue' link under the 'Action' column.



# Abbott

Welcome, Jennifer Loranger!

The organization you are currently associated with is Test Org.

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

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.....>									

**Applications Requiring Action**

Action	Project Title	Application Date	Application Amount
Continue	Test abc	02/20/2015	\$50,000.00

[Start a New Application](#)

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23. If you press the 'Submit' button, you will be brought to the 'confirmation of application receipt' page. Click the 'return to the homepage' button to go back to the homepage.



# Abbott

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**Confirmation of Application Receipt:**

Your proposal was successfully submitted to the Abbott Nutrition. No further action on your part is required and you can expect to receive notice of your proposal's status shortly. To print a copy of this completed application go to 'File', then 'Print' on your browser toolbar. Click here to [return to the homepage](#) when you are finished.

**Contact**

\* First Name Jennifer  
 \* Last Name Loranger  
 \* E-mail Address jennifer.loranger@cybergrants.com  
 \* Phone 9788240338  
 \* Contact Type Grants Contact

**Organization**

\* Legal Name Test Org  
 AKA Name  
 \* Organization Type Clinic

\* Address 100 Main Street  
 Address 2  
 \* City Andover  
 \* State Massachusetts  
 \* Zip 01810  
 Attn/Dept/Floor  
 \* Country United States  
 \* Telephone 9788240338

\* Are you part of a larger organization? No  
 \* Organization Website [www.testorg.com](http://www.testorg.com)  
 \* May we contact you regarding your satisfaction with Yes  
 our Grant process?

24. You will now see a 'View' link in the 'Action' column. You can select this link to view your submitted application. You can no longer edit this application.



# Abbott

[Logout](#)

Welcome, Jennifer Loranger!

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**Your Submitted Application**

Action	Project Title	Application Date	Application Amount
<a href="#">View</a>	Test abc	02/20/2015	\$50,000.00
<a href="#">Start a New Application</a>			

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