

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

## **System User Training**

# Agenda

---

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

**Overview**

**Accessing Letter of Request**

**Registration & Login**

**Letter of Request submission**

**Application Support**

# Objective

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

Effective December 31, 2016, Bristol-Myers Squibb will begin the use of a new process and a new Request Management System for funding requests. As of that date, all funding requests should be submitted through an online “Letter of Request” to Bristol-Myers Squibb. The new process will enable you to:

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

# Accessing Letter of Request

Website Link for Grants, Giving and Corporate Sponsorship Support:

**Belgium (English):** <http://www.bms.be/been/Responsibility/Pages/GGCSS.aspx>

**Belgium (Nederlands):** <http://www.bms.be/bede/Verantwoordelijkheid/Pages/GGCSS.aspx>

**Belgium (Français):** <http://www.bms.be/befr/Responsabilite/Pages/GGCSS.aspx>

**Netherlands:** <http://www.b-ms.nl/Verantwoordelijkheid/Pages/GGCSS.aspx>

Home » Responsibility » Grants, Giving & Corporate Sponsorship Support

## Grants, Giving & Corporate Sponsorship Support

Bristol-Myers Squibb provides significant financial and in-kind support to make a difference in people's life. Listed below are the various type of initial Bristol-Myers Squibb supports. Organizations may apply for any of the support using our simple, unified BMS Letter of Request.

- Charitable Donations
- Independent Medical Education
- Corporate Sponsorship Support
- Scholarship Support
- Fellowship Support
- Patient Education Grant
- Umbrella Research Grants (Funds provided to an institution/organisation for scientific research programs in a broad area related to a Bristol-Myers Squibb therapeutic area of interest). Umbrella Research Grants are distinct from Sponsored Research - ISRs. If you are interested in submitting an Investigator Sponsored Research proposal please [click here](#).

Please [click here](#) to access the "Letter of Request" application in your country.

Click on this LOR link to apply for the funding request

Click here to access the "Letter of Request" page

BMS.com Home » Responsibility » Grants, Giving & Corporate Sponsorship Support

## Letter of Request

- Letter of Request (English)
- Letter of Request (French) | Lettre de demande (Français)
- Letter of Request (German) | Schriftlicher antrag (Deutsche)
- Letter of Request (Italian) | Lettera di richiesta (Italiano)
- Letter of Request (Korean) | 요청의 편지 (한국의)
- Letter of Request (Portuguese) | Carta de pedido (Português)
- Letter of Request (Spanish) | Carta de solicitud (Español)



# Applicant Log In

➤ On this page you can:

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

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

# New User Registration

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



**Bristol-Myers Squibb**

Addressing significant unmet medical needs

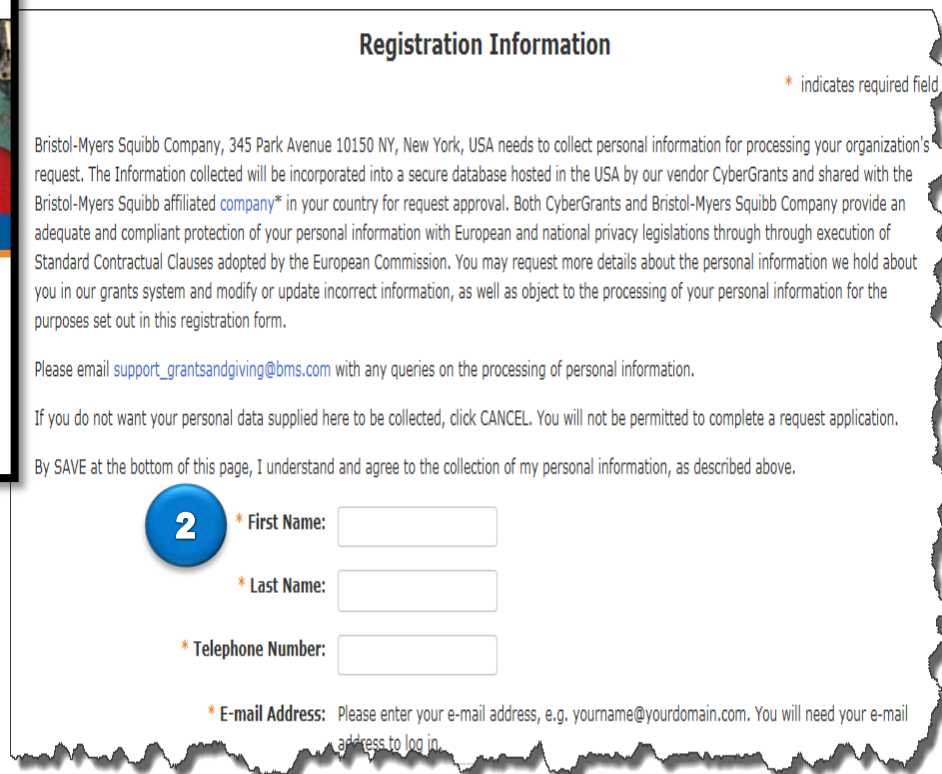
**1** **Registration Information**

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

Continue Cancel

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

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



**Registration Information** \* indicates required field

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

Please email [support\\_grantsandgiving@bms.com](mailto:support_grantsandgiving@bms.com) with any queries on the processing of personal information.

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

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

**2** \* First Name:

\* Last Name:

\* Telephone Number:

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

Overview

Accessing Letter of Request

Registration & Login

Letter of Request submission

Application Support

## New User Registration (cont'd)

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

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

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

Please email [support\\_grantsandgiving@bms.com](mailto:support_grantsandgiving@bms.com) with any queries on the processing of personal information.

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

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

Overview

Accessing Letter of  
Request

Registration &  
Login

Letter of Request  
submission

Application Support



# Welcome Page

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



# Welcome Page (cont'd)

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

- 1**: A button labeled "» Start a New Letter of Request «" is highlighted with a red border.
- 2**: The "Impact Reports Requiring Action" section contains a table with the following data:

Action	Project Title	Report Type	Report Due Date
Due	Education Awareness	CG - BMS Contract	06/21/2014
Due	Test Proj Budget	IME - BMS Contract	11/14/2014
- 3**: The "Applications Requiring Action" section contains a table with the following data:

Action	Project Title	Application Date	Proposal Type
View	Charitable Donation	03/21/2014	
View	Charitable Donation	03/21/2014	
- 4**: The "Submitted Applications" section includes a link: "If you need to change the scope of your original application, please [click here](#)." Below this is a table with the following data:

Action	Project Title	Application Date	Proposal Type
View	test	06/04/2015	
- 5**: The "My Organizations" section includes the text: "If you would like to change the organization you are currently logged in to, please select the appropriate organization from the list below." Below this, it shows the current organization: "AMERICAN NATIONAL RED CROSS" and a list of other organizations, including "American Red cross Pittsburgh PA 15230 United States".

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

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

# Add a New Organization

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

Welcome, Suchitra Karriat

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

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

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

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

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

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

### Organization Information

\* indicates required field

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

Zip/Postal Code :

\* **Organization Country :**

IRS AND/OR NCES Information

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

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

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

### Select Organization

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

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

# Starting a Letter of Request (LOR)



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

# LOR - Contact Information

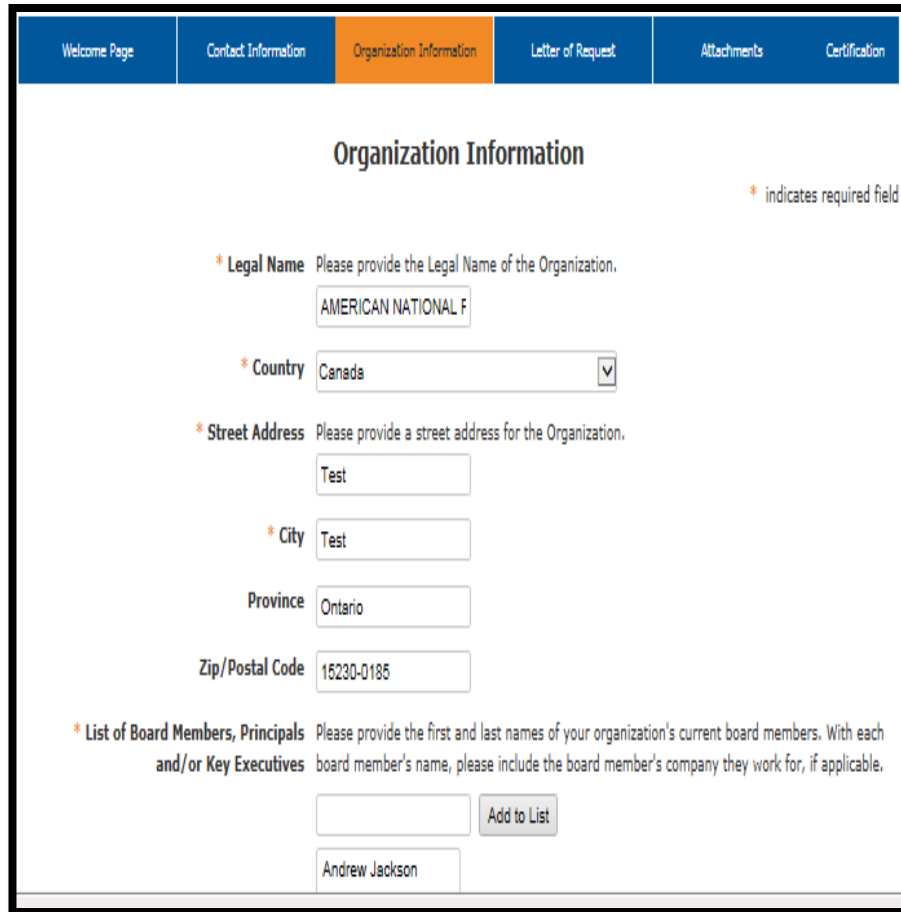
This section allows you to select all the individuals you would like to receive correspondence for this request

The screenshot shows a web interface for 'Addressing significant unmet medical needs'. It features a navigation bar with tabs: Welcome Page, Contact Information (highlighted), Organization Information, Letter of Request, Attachments, and Certification. Below the navigation bar is a 'Contact Information' form. The form includes a 'Logout' link in the top right. The form has two entries for individuals. Each entry has a checkbox labeled 'Match: Check the box to associate this individual with this application.' and a red box around it, with a blue circle containing the number '1' pointing to it. The first entry is for 'JANE DOE' with telephone number '978-824-0299' and email 'jane@email.com'. A red arrow points from a blue circle with the number '3' to the 'Name' field. The second entry is for 'JOHN SMITH' with telephone number '978-824-0299' and email 'john@email.com'. At the bottom of the form are two buttons: 'Save and Proceed' and 'Create New', with a red box around the 'Create New' button and a blue circle containing the number '2' pointing to it. A small asterisk indicates required fields.

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

# LOR - Organization Information

This section asks a series of questions about your organization



The screenshot shows a web application interface with a navigation bar at the top containing six tabs: 'Welcome Page', 'Contact Information', 'Organization Information' (highlighted in orange), 'Letter of Request', 'Attachments', and 'Certification'. Below the navigation bar, the page title is 'Organization Information'. A legend indicates that an asterisk (\*) denotes a required field. The form contains the following fields and instructions:

- \* Legal Name:** Please provide the Legal Name of the Organization. Input: AMERICAN NATIONAL F
- \* Country:** Canada (dropdown menu)
- \* Street Address:** Please provide a street address for the Organization. Input: Test
- \* City:** Test
- Province:** Ontario
- Zip/Postal Code:** 15230-0185
- \* List of Board Members, Principals and/or Key Executives:** Please provide the first and last names of your organization's current board members. With each board member's name, please include the board member's company they work for, if applicable. Input: Andrew Jackson. An 'Add to List' button is located to the right of the input field.

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

**NOTE: The Requesting organisation MUST be the Payee organisation.**

# LOR – Request Details

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


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

## Letter of Request

\* indicates required field

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

\* **Request Title**

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

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

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

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

\* **Currency type for total budget:**

\* **Total budget amount:**

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

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

Overview

Accessing Letter of Request

Registration & Login

**Letter of Request submission**

Application Support

# LOR - Attachments

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

**Attachments**

\* indicates required field

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

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

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

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

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

Save and Proceed



# LOR - Certification

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

**Certification** \* indicates required field

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

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

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

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

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

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

Please email [support\\_grantsandgiving@bms.com](mailto:support_grantsandgiving@bms.com) with any queries on the processing of personal information.

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

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

# Reviewing and Submitting Application

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

## Incomplete Application

\* indicates required field

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

[Organization Information](#)

- Is the organization accredited?

[Letter of Request](#)

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

## Incomplete Application

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

# *Application Support*

---

- To get application support, please email

support\_grantsandgiving@bms.com

*Overview*

*Accessing Letter of Request*

*Registration & Login*

*Letter of Request submission*

***Application Support***