**Bristol Myers Squibb**

**Program Scope Change Request Form**

**INSTRUCTIONS**

Changes to elements of a Request post-approval require review and approval prior to implementation of scope change(s) and program initiation. Per the Letter of Agreement (LOA), the requestor must notify Bristol Myers Squibb in writing of any change to the approved grant request no less than 30-days prior to program initiation by submitting a completed Program Scope Change Request Form.

Changes to Request elements requiring review include but are not limited to­:

* Support
  + Reduced number of intended supporters in particular conversion from multi-support to single support, reduced level of secured funding, insufficient funding to deliver original proposal.
  + Excess funding including request support and any attendee registration fees
* Program or activity location
* Intended purpose, goals/objectives of proposed program or activities
* Change in educational partner or accredited provider
* Number or scope of proposed activities
* Continuing education certification
* Learning Objectives
* Outcomes analysis

The Scope Change Request Form and a revised BMS Program Budget (in instances where the change in scope has impacted any of the program costs) must be submitted to the Grants & Giving department at Bristol Myers Squibb for review. Final decisions regarding scope change requests will be communicated to the requestor by Grants & Giving department.

Email your completed Scope Change Request Form to grantsandgiving@bms.com

**If the scope change request is approved**, the Scope Change Request Form and any supporting documentation (e.g., revised BMS Program Budget) will become official documentation for the existing request file. **If the scope change request is not approved,** the LOA will be nullified according to the Terms and Conditions described therein. Any funds already provided toward implementation of the activity must be returned to BMS within 15-business days. A paper check should be mailed to -

Bristol-Myers Squibb

Attn: Lauren Graham

3401 Princeton Pike

Lawrenceville, NJ 08546

**Program Scope Change Request Form**

Please complete the following information.

***Proposed scope change (Describe change requested for all elements in the initial proposal that are affected by the request):***

**Implications of change (Describe the implications and potential impact of all changes from the initial proposal):**