

Corporate Philanthropy

Bristol Myers Squibb

Health Equity Outcomes Report Submission

Overview



Bristol Myers Squibb (BMS) requests Outcomes report for BMS funded proposals that have been identified as an initiative/program related to **Health Equity** and addressing **disparities**

Organizations are required to submit Outcomes Reports every six months throughout the lifetime of the project

- Reports can be marked “Interim” or “Final”
- Submit **cumulative data** through each report

- Outcomes reports must be submitted within **4 weeks** of becoming available in system
- Final Outcomes report must be submitted within **90 days** from program end date

How to access outcomes reports

Outcomes Reports are available through CyberGrants portal twice a year

Log in to CyberGrants portal

Scroll down to the section “Impact Reports Requiring Action”

Click on “Health Equity Outcomes”

Submit the Outcomes report by the due date listed in the system

The screenshot shows the top navigation bar with the Bristol Myers Squibb logo and the text "Bristol Myers Squibb". On the right side, there are links for "EDIT PROFILE" and "LOGOUT". The main content area starts with a "Welcome, Grant Recipient!" message. Below this, it states "The organization you are currently associated with is [redacted]". A link is provided: "If you work with multiple organizations, [click here to add a new organization to your account.](#)". A red notice states: "Celgene is now part of Bristol-Myers Squibb creating a leading biopharma company positioned to help address the needs of patients with serious diseases. Funding requests may continue to be submitted via the current BMS processes until further notice." Another red notice says: "During this transition period, we will jointly review all requests as a team to avoid duplication of funding." A link for questions is provided: "Any questions can be submitted to grantsandgiving@bms.com." A list of sections for the Online Letter of Request is provided: 1. Contact information, 2. Organization Information, 3. Letter of Request, 4. Attachments, 5. Certification. A note states: "Once completed, all Letters of Request created are immediately submitted to Bristol Myers Squibb." A final note says: "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 the application process. If you have technical questions regarding this application, use the link located at the bottom of every page to contact our support team."

Impact Reports Requiring Action

	Request ID	Activity and Type	Occurrence	Due Date
Health Equity Impact Report	70553121			01/28/2022
Health Equity Outcomes	65237695			02/25/2022

Email notification

Organization's contact (Grant seeker) will receive an email when an Outcomes report is assigned

Subject: Request ID {12345678}: BMS Health Equity Outcomes Due

Dear John Doe,

Ref: 12345678 - Program Title

The above referenced grant was made to your organization on 1/1/2022

This proposal has been identified as an initiative/program related to Health Equity and addressing disparities. You are receiving this report to provide the 6-month "Outcomes" for this request. Please complete the information to the best of your ability and submit by due date.

We do hope that your organization will take the time to complete the requested information so we can continue to learn and share together. If you have any questions before submitting your Outcomes Report, do not hesitate to reach out to us directly. We look forward to learning about your progress and the impact that your continued commitment to Health Equity is having on the communities you serve.

Please email grantsandgiving@bms.com if you have any questions regarding this request.

Sincerely,

Corporate Giving Department

Bristol Myers Squibb

Outcomes report template

Welcome Page Request Information **Impact Information**

Impact Information * indicates required field

Please complete this report with cumulative information (beginning of the project date till date). Here is the training on how to complete this report.

Do you have Outcomes to date to report for this request? ●

Report Type Please indicate if this is an "Interim" or "Final" report
 ●

How many live (in person/virtual) events have been conducted cumulatively to date?

How many educational resources/platforms were created cumulatively to date as part of this initiative? ●

Total number of individuals reached through the program cumulatively to date ●

How many individuals has your project reached within each of the below groups cumulatively to date?
Please provide number of individuals reached for each applicable category. Enter "0" for categories not applicable

Patients/Participants	<input type="text"/>
Family Members/Caregivers	<input type="text"/>
Health Care Providers (Physicians, Pharmacists & Nurses)	<input type="text"/>
Patient Navigator/Community Health Worker	<input type="text"/>
Other	<input type="text"/>

Submit Outcomes Reports even if you have no updates to submit. If you select "No", please provide the reason for no outcomes report

Indicate if the report is "Interim" (6-month report) or "Final"

Provide information on educational resources created through the program (if applicable)

New Question - provide total number of individuals reached through the program

Provide the number of total individuals reached by each category. If providing numbers for "Other", specify the population

Outcomes report template - cont'd

Which of the following best describes the population that was reached through this program/activity? Select all that apply.

Adolescents/Young Adults
African American/Black
Asian
Differently Abled Individuals
Hispanic/Latino

How many collaborations/partnerships were formed with other organizations/stakeholders as part of this program?

Was there a training component to the program?

Yes

How many individuals have been trained cumulatively to date?

Who were the individuals trained?

Patients/Participants
Caregivers/Family Members
Healthcare Providers
Patient Navigators/Community Health Workers

Please describe how this program has improved care delivery of the targeted population. Select all that apply.

Access to Clinical Trials
Access to Patient Supportive Services
Access to Treatment
Increased Screening
Other

Select ALL demographic categories reached through the program.

Provide the number of collaborations created through the funded program (if any)

Provide information on training components (if any) created through the funded program

Select ALL options that determine how the program improved care delivery of targeted population.

Throughout the report, if a question is not applicable to your program, enter "NA" (text) or "0" (numeric) in the box

Outcomes report template - cont'd (Final Report only)

This section will appear only if you have selected the report to be “FINAL” report

Provide information on the sustainability strategy of the program

Comment on the overall performance of the program

This question is to collect direct feedback from your program attendees - Do not include any identifiable information for attendees

Ability to upload multiple files (pdf format only) as supporting documentation for Outcomes

Click “Save and Proceed” to submit Outcomes Reports

Are there plans to continue the program post BMS funding period As-is or to other regions/areas?

What type(s) of sustainability strategies are being pursued to retain the capabilities built by the project beyond the BMS grant?
(32500 character maximum)

If applicable, please comment on if/how your program has affected any policy changes on the local/state/national level.
(31985 character(s) remaining)

How did the project go overall? How would you rate the overall progress of your project? Please list top two successes, challenges and key lessons learned from your project.
(32500 character maximum)

Please share direct feedback from target population impacted by this initiative (only include 2-3 testimonials). Do not include any names or other identifiable data.
(3991 character(s) remaining)

Upload summary of Outcomes, supporting documents and any photos if available.

Does BMS have permission to use testimonials, photos, other information submitted in this report in company communications?

Change of scope

During the course of the program, if there is any change in the scope including but not limited to dates, venue, format, budget, deliverables etc., please submit a Change of Scope form to BMS. The form template is available at -

<https://www.bms.com/asset/s/bms/us/english-documents/corporate-giving/BMS-Program-Scope-Change-Form.docx>

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
 - o 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.
 - o 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):

Contact



If you have questions regarding Outcomes submission, you can reach out to –

- grantsandgiving@bms.com
- suchitra.kurria@bms.com