

Navigating our funding process

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

Topics covered are:

Process Overview

Navigating the BMS Grants and Giving website

The Application Portal

- Log-In
- New User Registration
- Add a New Organization
- Edit Profile

The Letter of Request (LOR)

Application Support

User Training



Process overview

Funding Process

All funding requests are to be submitted through a “Letter of Request” (LOR) application

- This Letter of Request application form will allow requestor to change to a specific language to view application questions
- Incomplete LORs will be rejected without review
- After review by BMS, if additional information is needed to make a decision, we will notify you via email

Multiple funding requests can be submitted

Funding requests can be submitted throughout the year

Requests submitted as a response to a “Request for Proposal (RFP)” or “Request for Education (RFE)” must be submitted by the deadline included in the RFP or RFE specifications



Process overview

Types of funding process

The system is used to request funding for all funding requests such as:

- Corporate Sponsorship support
- Charitable Donations
- Independent Medical Education
- Continuing Medical Education
- Patient Education Support
- Support of Patient Advocacy organizations
- Scholarships
- Fellowships
- Corporate Memberships



Navigating grants and giving website

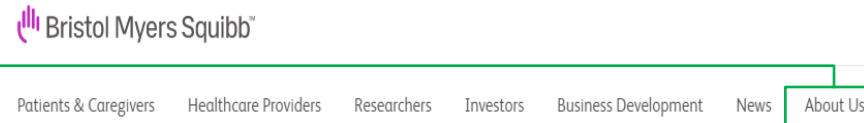
Grants, giving & corporate sponsorship support website

To access the Grants and Giving website from bms.com

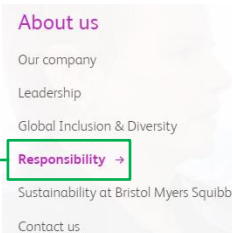
1 Click on the three lines



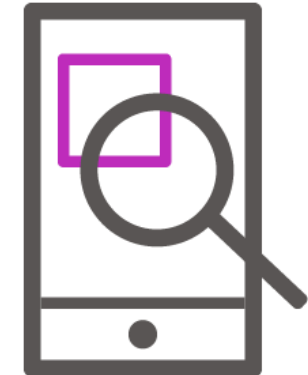
2 Click on “About Us”



3 Click on “Responsibility” then “Corporate Giving”



4 Click on “View Programs and Apply”



Navigating grants and giving website

Grants, giving & corporate sponsorship support website (continued)

Corporate Giving

[About Us](#) / [Responsibility](#) / [Corporate Giving](#)



Corporate giving is one of three major ways Bristol Myers Squibb supports worthwhile causes and conscientious citizenship. We also work to reduce health disparities worldwide through the [Bristol Myers Squibb Foundation](#), and we support initiatives through [community giving](#) in locations where our U.S. employees live and work.

As we work to bring life-saving medicines to patients with serious diseases, we are also committed to improving healthcare, advancing scientific understanding and making the difference in the lives of patients and their families.

How To Apply

You can submit a simple Letter of Request, track the status of your requests and communicate with Bristol Myers Squibb through our secure portal.

[How to Apply](#) >

[Letter of Request](#) >

Giving Guidelines

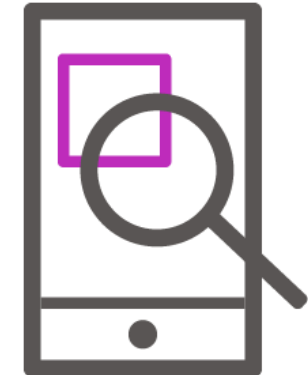
Learn more about the guidelines we use to review requests.

[Download Guidelines](#) >

Giving FAQs

View frequently asked questions about our giving programs.

[View All FAQs](#) >



Link: <https://www.bms.com/about-us/responsibility/corporate-giving.html>

Navigating grants and giving website

Accessing the Letter of Request

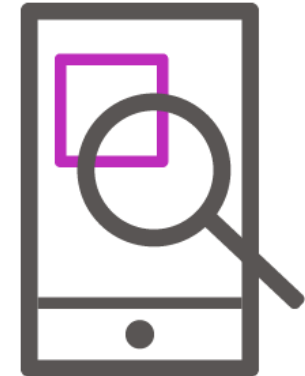
When you are ready to submit your application click on the “Letter of Request” link under “How to Apply”

How To Apply

You can submit a simple Letter of Request, track the status of your requests and communicate with Bristol Myers Squibb through our secure portal.

[How to Apply >](#)

[Letter of Request >](#)




Application portal: Applicant log-in

On this page you can:

- 1 Register and create a password - First time users only
- 2 Log in using your email address and password
- 3 Reset your password

This application is hosted by CyberGrants on behalf of Bristol-Myers Squibb. CyberGrants has recently updated our Privacy Policy. [Learn More](#)

 Bristol Myers Squibb

First time user? [Create your password](#)

Please Log In

Please log in again.

* E-mail Address:

* Password: [Show password](#)

[LOG IN](#)

[Forgot your password?](#)

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

[Need Support?](#)

Copyright © 2020 Bristol-Myers Squibb

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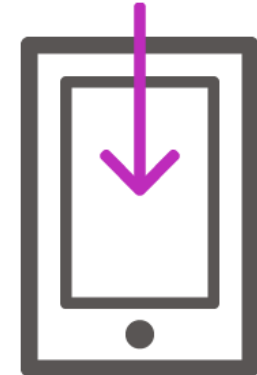
FOR FIRST TIME USERS: If you do not have a login account, **CLICK HERE**

2

HAVE AN ACCOUNT: Login using your credentials **HERE**


3

FORGOT PASSWORD: **CLICK HERE**



New user registration

Please note: If this is your first time using our system, you will need to create a user account.




Registration Information

* Please select the region in which you are located: United States ▼ * indicates required field

CONTINUE CANCEL

1

Select the region in which you are located



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 [data processor](#) 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 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_grantsandpumps@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 clicking SAVE at the bottom of this page, I understand and agree to the collection of my personal information, as described above.

PLEASE NOTE: The following information is required to complete your registration. Organizations located in Australia, Australia: Business Number; Canada: Business Number/Registration Number; England and Wales: Charity ID. This is a mandatory field in the registration form; however, it is not indicated as such with a red asterisk. This is only required when you create your initially create your registration.

* 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.

* Password: The password must be between 6 and 16 characters long and consist of letters, numbers, or any of the following special characters: @!#%&*_~. The password "password" is not valid.

* Confirm Password:

2

Complete the Registration fields



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

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



Please Note: These privacy laws apply to ex-US applicants

New user registration

Please note: You will receive an email requesting you to activate your email address. Once you have activated your email address, you may return to the login page and enter your credentials.



[LOGOUT](#)

Help us activate your email address

An activation email has been sent to [REDACTED]. Please open the email and click on the link inside to proceed.

No activation email in your inbox? First, check your spam, junk, or trash folders for a message from donotreply@cybergrants.com. You can also [click here to send a new activation email](#) if necessary.

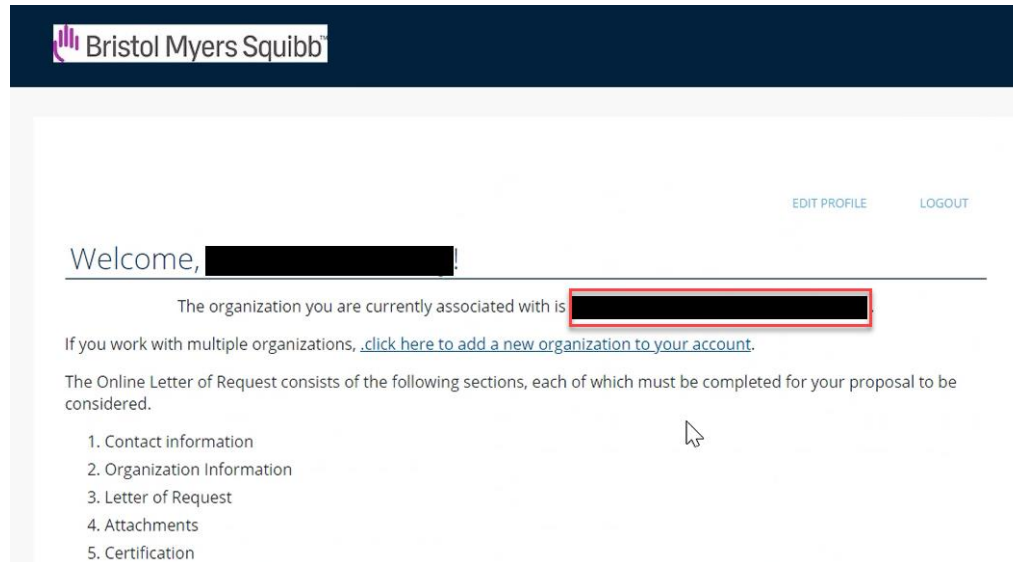
Security is very important to us and activating your email address will add an extra layer of protection to your account. Thank you for your understanding and for helping us keep your information safe!



Welcome Page / Home

Once you successfully login, this is your “Welcome Page”. It will be your home page each time you login

On the Welcome page, the organization with which you are currently associated will be listed. If this is the correct organization for your new request, proceed further down the page.



Please note: User Accounts in CyberGrants are individual based and not organization based. A single user can be associated with multiple organizations.

Welcome Page / Home

The “Welcome Page” also shows your Corporate Giving Dashboard

On this page you can 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

The screenshot shows the 'Welcome Page' dashboard with a navigation bar at the top containing links: Welcome Page, Contact Information, Organization Information, Letter of Request, Attachments, and Certification. The main content area is divided into several sections:

- START A NEW LETTER OF REQUEST**: A red button with a right-pointing arrow, highlighted by a red box and a red line connecting to item 1.
- Impact Reports Requiring Action**: A section header highlighted by a green box and a green line connecting to item 2. Below it is a table with columns: Action, Project Title, Report Type, and Report Due Date.

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
- Applications Requiring Action**: A section header highlighted by a green box and a green line connecting to item 3. Below it is a table with columns: Action, Project Title, Application Date, and Proposal Type.

Action	Project Title	Application Date	Proposal Type
View	Charitable Donation	03/21/2014	
View	Charitable Donation	03/21/2014	
- Submitted Applications**: A section header highlighted by a green box and a green line connecting to item 4. Below it is a table with columns: Action, Project Title, Application Date, and Proposal Type.

Action	Project Title	Application Date	Proposal Type
View	test	06/04/2015	
- My Organizations**: A section header highlighted by a green box and a green line connecting to item 5. Below it is a list of organizations with radio buttons for selection.

If you would like to change the organization that you are currently logged in to, please select the appropriate organization from the list below.

You are currently logged in as:
AMERICAN NATIONAL RED CROSS
Test Ontario PA 13230-0195
Canada

 - ☐ American Red cross
Pittsburgh PA 15230 United States
 - ☐ New Zealand Org
NEW ZEALAND United States




*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 need to submit a Corporate Giving request for multiple organizations, please add all applicable organizations to your account. Do NOT change existing organization information for a different organization.

There are multiple places to add an organization. Click on “click here to add a new organization to your account” link

 LOGOUT

Organization Selection

The following are the organization(s) you are associated with. If you need to submit a request for an organization that is not listed below, [please click here to add a new organization to your account](#).

Welcome, _____

The organization you are currently associated with is Bristol Myers Squibb (DO NOT CHANGE).

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

LOGOUT

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

Organization Information * indicates required field

- * Legal Name
 - This field is set to read only.
 - If you are entering a new request for a different organization please [click here to add a new organization to your account](#).
 - If a change is needed to the read only organization name please send an email to grantsandgiving@bms.com with details on the update needed. We will notify you when complete.

Organization Information * indicates required field

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

CONTINUE CANCEL

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 schools only): For U.S. public schools, the School ID should be the last 5 digits of a 12 digit National Center for Education Statistics (NCES) School ID. For private schools, the School ID should be the 8 digit NCES School ID. If you do not know the school's NCES information, please visit the [NCES](#) website.

SAVE



Add a new organization

When 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



LOGOUT


Organization Selection


The following are the organization(s) you are associated with. If you need to submit a request for an organization that is not listed below, [please click here to add a new organization to your account](#).

Address: United States | Access Code:

Address: Lawrence Township NJ 08648, United States | Access Code:

Continue

A purple circular icon containing three stylized human figures. A curved arrow starts from the top of the circle and points downwards and to the left, suggesting a cycle or a selection process.

 Bristol Myers Squibb™

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Edit profile

The screenshot shows a web interface for editing a profile. At the top right, there is a green box labeled 'EDIT PROFILE' with a green dot and a line pointing to it, labeled with a circled '1'. Below this, the text 'Welcome,' is followed by a line and then 'The organization you are currently associated with is test organization.' A green line points from a circled '2' to a list of sections: '1. Contact Information', '2. Organization Information', '3. Letter of Request', '4. Attachments', and '5. Certification'. Below this list, a green line points from a circled '3' to a green box labeled 'Your Profile'. At the bottom of the 'Your Profile' section, there is a green box labeled 'SAVE' with a green dot and a line pointing to it, labeled with a circled '4'. The 'SAVE' button is next to a 'CANCEL' button. Below the 'SAVE' button is a link 'Need Support?'. The 'Your Profile' section includes fields for 'First Name:', 'Last Name:', 'Telephone Number:', and 'E-mail Address:', each with a red asterisk indicating a required field. There are also links for 'Change E-mail' and 'Change Password'.

Welcome,

The organization you are currently associated with is test organization.

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

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.

During this transition period, we will jointly review all requests as a team to avoid duplication of funding.

In addition, we are currently updating our FAQs, which will be updated on or about December 15, 2019. Any questions can be submitted to grantsandgiving@bms.com.

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.

Your Profile

* First Name:

* Last Name:

* Telephone Number:

* E-mail Address:

[Change E-mail](#)

[Change Password](#)

Password:

SAVE **CANCEL**

[Need Support?](#)

1 To make changes to your profile, click on “edit profile”

2 Here, you can make all the appropriate edits you need

3 Once you are finished, click “save” located at the bottom of the screen

4 Click, “return to the home page” to proceed with your application



Letter of request



Welcome Page



Contact Information



Organization Information



Letter of Request



Attachments



Certification



Reviewing and Submitting Application



Welcome page

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 organization you are associated with before you start a new application

Welcome Page

Contact Information

Organization Information

Letter of Request

Attachments

Certification

» START A NEW LETTER OF REQUEST «

All Corporate Giving and IME Requests can be requested throughout the year except for the Letter of Requests that are made in response to a specific **Request for Proposal or Request for Education** with a submission deadline



Contact information

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

Welcome Page Contact Information Organization Information Letter of Request Attachments Certification

LOGOUT

Contact Information

Match: ☒ Check the box to associate this individual with this application.

Name: (Unknown) * indicates required field

Telephone Number:

E-mail Address:

SAVE AND PROCEED CREATE NEW

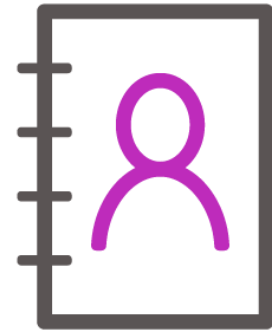
[Need Support?](#)

1 You may select multiple individuals to receive correspondence for this grant

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”



Organization information

This section asks a series of questions about your organization

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

Welcome Page

Contact Information

Organization Information

Letter of Request

Attachments

Certification

Organization Information

* Indicates required field

* Legal Name

This field is set to read only.

If you are entering a new request for a different organization please [click here to add a new organization to your account](#)

If a change is needed to the read only organization name please send an email to grantsandgiving@bms.com with details on the update needed. We will notify you when complete.

* Country

* Address

* City

Zip

* List of Board Members, Principals and/or Key Executives

Please provide the first and last names of the organization's current board members, principals and/or key executives.

Enter the first and last name of each person individually into the space below and click "Add to List".

Do not include job titles, references to professional degrees or association with an organization/business to the names.

Please do not copy and paste a list of names, enter a reference to an uploaded document or enter a link in the space below.

ADD TO LIST

REMOVE FROM LIST

* Website Address



Letter of request

This section captures the details of the Funding Request

[LOGOUT](#)

[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 Anticipated meeting start date or launch date for enduring/online/recurring programs.

* Request End Date

* 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?

* Total budget amount: The total budget for this request including funds being sought from BMS

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

(2000 character maximum)

* Therapeutic Area of Request (?) Please select all applicable Therapeutic area of Request.

Cardiovascular - General Education - Anticoagulation
Cardiovascular - Stroke Prevention/Atrial Fibrillation
Cardiovascular - VTE Treatment and Prevention
Immunoscience - Arthritis - Rheumatoid (RA)
Immunoscience - Psoriasis

Complete the fields in the Letter of Request as per instructions. Incomplete Letter of Requests will be rejected without review



Attachments

All documents *MUST* be uploaded in *PDF* format

LOGOUT

Welcome Page

Contact Information

Organization Information

Letter of Request

Attachments

Certification

Attachments

* indicates required field

Attachments support your application and provide BMS with the information to make a speedy decision on your funding request. Also, please note that the BMS logo should not be used in Brochures or any other communication until funding request is approved and a Letter of Agreement is signed.

Budget Form (if providing budget)

Provide Budget details to help BMS understand how the request funds will be utilized. [Click here](#) to access the BMS Budget template. If you need assistance in completing the budget template, [click here](#) for a step by step instruction guide. Please note that a Budget Form is mandatory for Independent Medical Education requests. *Must be in PDF format.*

UPLOAD FILE

Agenda/Curriculum

For a live (physical or online) program, please provide an agenda with detailed timelines. *Must be in PDF format.*

UPLOAD FILE

Sponsorship Packet

If applicable, please provide a sponsorship prospectus for your request. *Must be in PDF format.*

UPLOAD FILE

Full Proposal

If applicable, provide a detailed proposal for your funding request. *Must be in PDF format.*

UPLOAD FILE


Other Attachments

Any other supporting documents you think may help in reviewing your funding request. *Must be in PDF format.*

UPLOAD FILE

SAVE AND PROCEED

[Need Support?](#)



Certification

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

LOGOUT

Welcome PageContact InformationOrganization InformationLetter of RequestAttachmentsCertification

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.

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 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

SAVE AND PROCEED

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

LOGOUT

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

Contact Information

• First Name

• Last Name

• E-mail Address

Organization Information

• Address

• List of Board Members, Principals and/or Key Executives

• Website Address

• Mission statement and purpose

• Is your organization a non-profit or non-governmental organization (NGO)?

• Is the organization Accredited?

• State

Letter of Request

• Request Title


• Request Start Date

• Request End Date

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

A stylized icon of a computer monitor. On the screen of the monitor is a large, detailed eye symbol with a purple iris and a black outline. The monitor has a simple stand and three small circles in the top right corner of the screen frame, representing window controls.

 Bristol Myers Squibb™

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Additional resources/contact information



Please refer to the Corporate Giving [FAQs](#) for more information on Corporate Giving Principles



If you have any questions on Corporate Giving please email:
grantsandgiving@bms.com

