NOVARTIS

External Applicant Guide

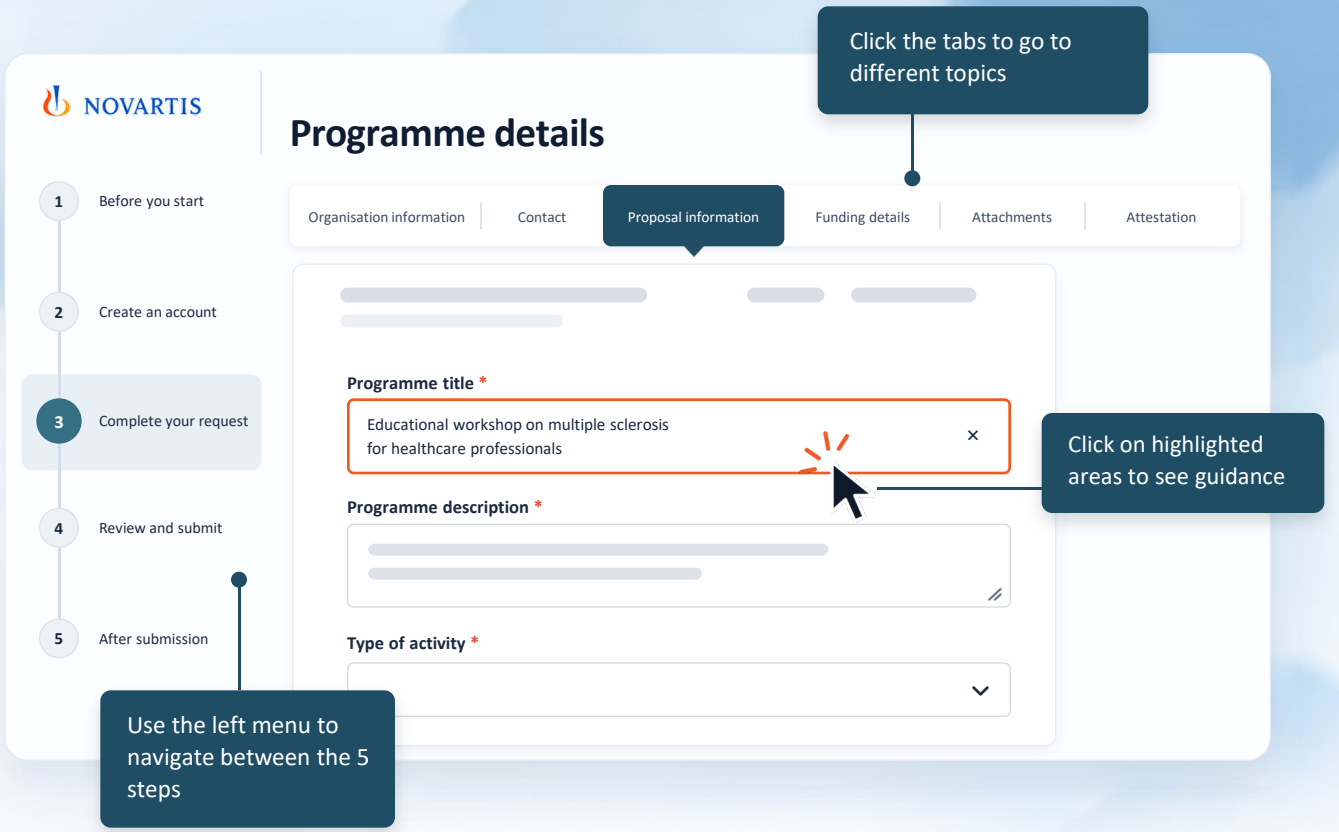
INTERACTIVE GUIDE

How to complete your application

This interactive guide provides step-by-step instructions to help you complete and submit your request in GEMS.

Start the guide →

This PDF is interactive.
Click on the steps, tabs and highlighted highlighted areas to learn more.



What's inside

Follow the 5 steps to complete your application.

1 Before you start
Check eligibility and prepare your documents

2 Create an account
Register and access the portal

3 Complete your request
Provide programme details, budget and documents

4 Review and submit
Check and submit your request

5 After submission
Track progress and respond to questions

Additional resources

FAQs
Find answers to common questions

Contact support
Get help if you need further assistance

Visit our funding page
Learn more about our funding approach

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Visit our funding page

Before you start

Make sure your proposed activity is eligible for funding and have the key information ready before you open an application in GEMS.

Tip
Going through this information before starting your application will help you prepare a complete and high-quality request and reduce back-and-forth later on.

Is your activity eligible for funding?

Novartis may consider supporting independent, non-promotional activities that align with our areas of focus and create value for patients and the healthcare community.

In this section you will find:

- Examples of activities that may be supported
- Examples of activities that are outside our scope
- Key eligibility principles and requirements

What information should you prepare?

Having the right information ready will help you complete the application form in GEMS more easily.

We recommend preparing:

- Information about your organisation (e.g. legal name, type, address)
- A clear description of the proposed activity, objectives and target audience
- A detailed and itemised budget (e.g. quantities, unit costs, total amount)
- Proposed dates and location
- Relevant supporting documents (e.g. organisational documents, programme details)

Important to know before applying

Please keep the following points in mind before submitting your request.

- Submission does not guarantee funding.
- Requests are subject to internal review and approval.
- Applicants remain fully independent in planning and delivering their activities.
- You should submit your request sufficiently in advance of the proposed activity.
- Additional information or clarification may be requested during the review.

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Next: Create an account

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Create an account

Register for a GEMS external account to access the portal and submit your funding request.

Follow these steps

Go to the GEMS portal

Open your web browser and go to the GEMS external portal.

Click “Create your password”

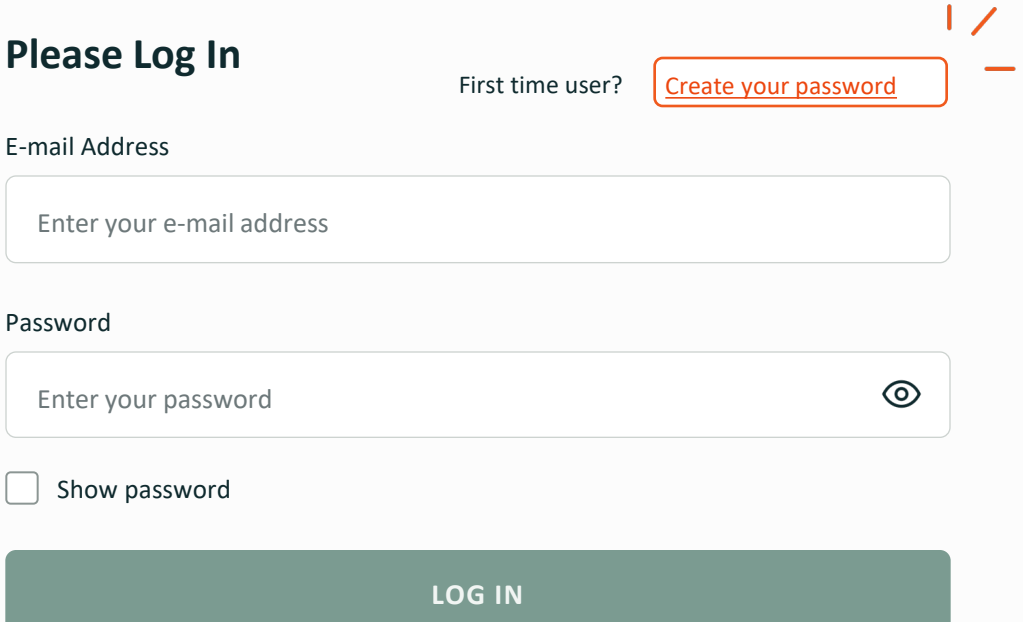
On the login page, click the link “Create your password” (next to “First time user?”).

Complete the registration

Follow the next screens to enter your details and create your account.

Good to know

- Use a valid email address that you can access.
- You will receive an activation email at this address to activate your account.
- Each user should have their own account.
- Do not share logins.



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Create an account

Select your region to start the registration.

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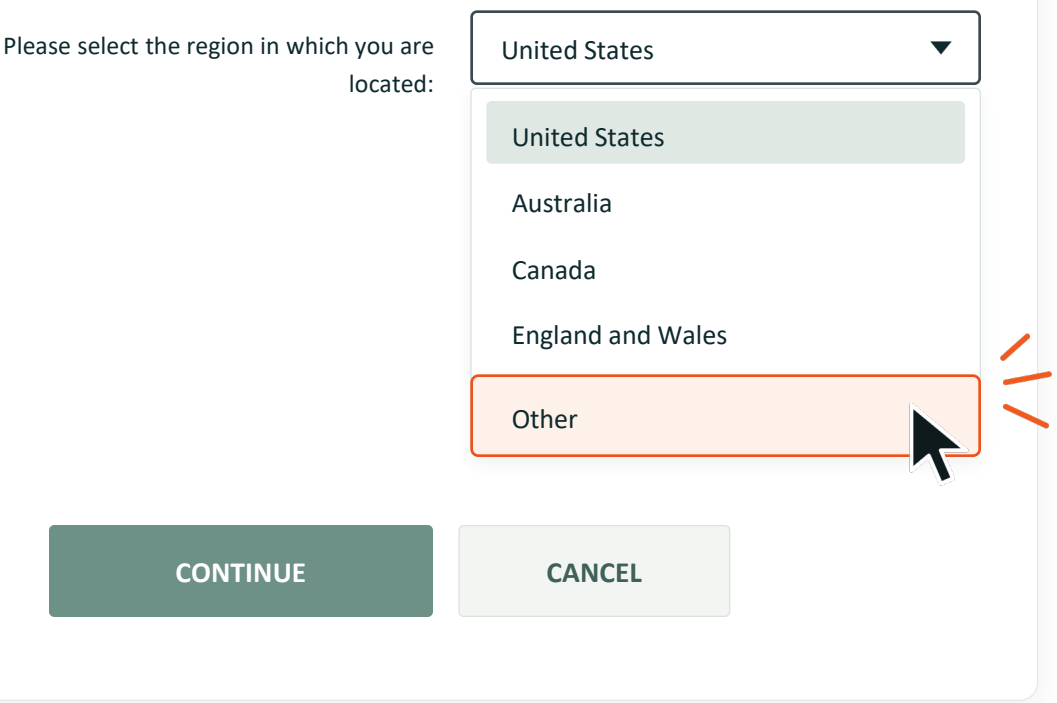
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Select your region

Choose the region where you are located from the dropdown menu.

Your country not listed? Select "Other".

If your country is not available in the dropdown menu, select **Other** and continue.



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Create an account

Complete your registration details to create your GEMS account.

Registration Information

* Indicates required field

* Organization Country — Select your country
* First Name — Enter your first name
* Last Name — Enter your last name
* Telephone # — Enter your telephone number
* E-mail Address — Enter your e-mail address
  You will need this e-mail address to log in.
* Confirm E-mail Address — Enter your e-mail address again
* Password — Enter your password
  Must be 6–16 characters and include letters, numbers or special characters (e.g. ! @ # $ _).
* Confirm Password — Enter your password again
  Must be 6–16 characters and include letters, numbers or special characters (e.g. ! @ # $ _).
* Organization Name — Enter the legal name of the organization
  Zip/Postal Code — Enter your zip or postal code

IRS Information

Tax ID/Charity ID (if applicable) — Enter the 9 digit U.S. Tax ID (EIN) of your organization

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 does not have a U.S. Tax ID number, you can leave this field empty.

Submit

What happens after you click "Submit"?

After you submit your registration details, you will need to activate your account and then log in to GEMS.

1. Click Submit
Your registration details will be saved.

2. Open the activation email
You will receive an activation email at the e-mail address you registered.

3. Activate within 30 minutes
The activation email is only valid for 30 minutes. Please complete the activation within this time frame.

4. Log in to GEMS
Use your registered e-mail address and password.

Did not activate in time?
If the 30 minutes have passed, log in with your e-mail address and password and request a new activation email.

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Select your organization

After you have created and activated your account and logged in to GEMS, select the organization for which you want to create a funding request.



1. Activate your account
Open the activation email and activate your account within 30 minutes.



2. Log in to GEMS
Enter your registered e-mail address and password.



3. Select your organization
Select the organization you registered, then click Continue.

Your organization

Select the organization from the list below.



Training Organization

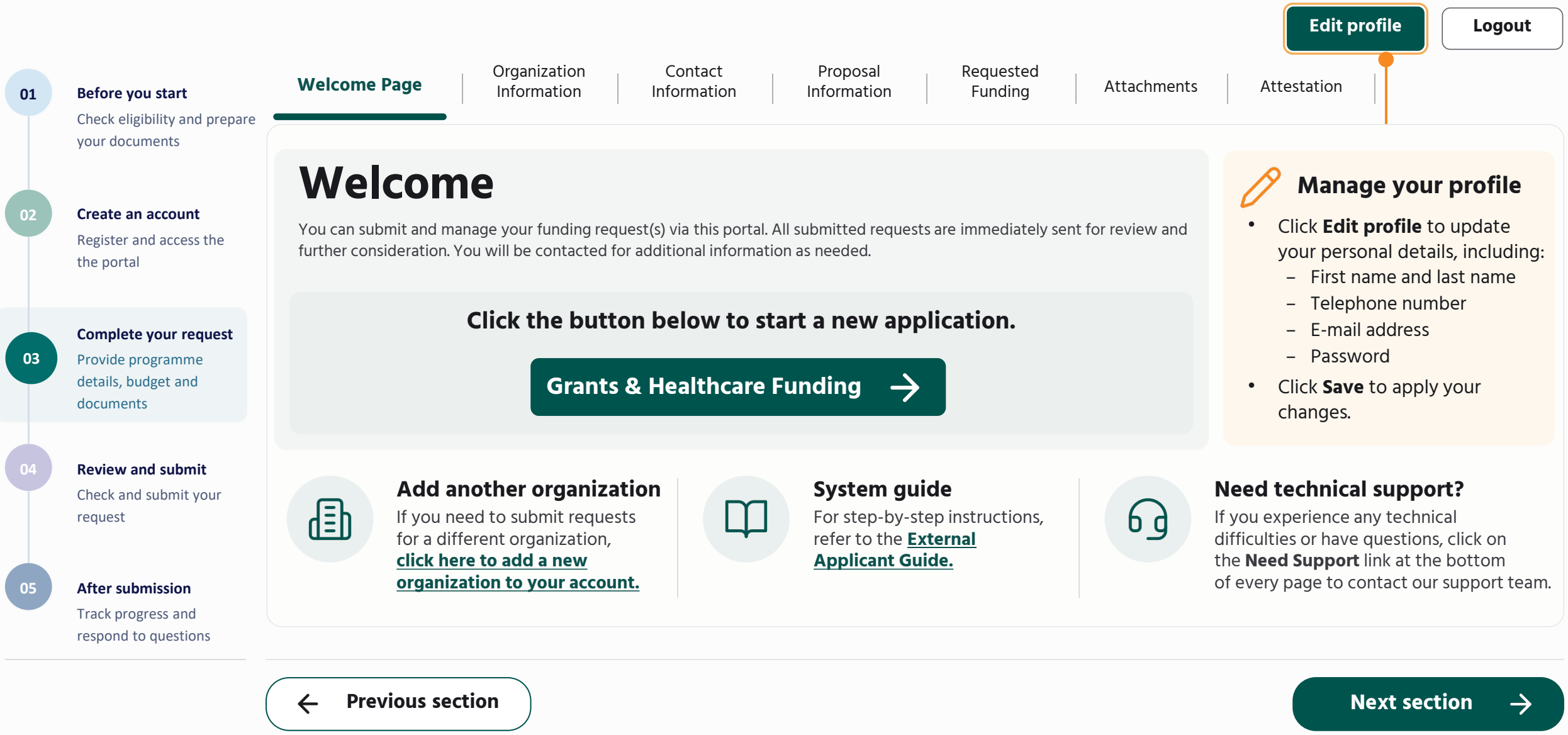
Address: 123 Main Street, Boston, MA, United States
Tax ID/Charity ID: 3545768970
Access Code: 2932ABCD1234EFGH

Continue

Portal welcome page

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After you select your organization and click Continue, you will be directed to the External Portal welcome page.



Organization Information

Provide your organization's detis below. This information helps us understand your organization and eligibility for funding.

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Organization Information

* Indicates required field

* **Organization Legal Name**	Enter your organization legal name
* **Country**	Select your country
* **Address**	Enter your address
Address 2	Enter additional address (optional)
* **City**	Enter your city
* **State / Province**	Enter your state or province
* **Zip/Postid Code**	Enter your zip or postid code
* **E-mail Address**	Enter your e-mail address
* **Telephone**	Enter your telephone number
Fax	Enter your fax number (optional)
Website Address	Enter your website address
* **Mission Statement**	Enter your organization's mission statement and first history (2000 characters maximum)
* **Organization Type**	Select organization type
* Is the organization not for profit or non-governmental organisation (NGO)?	Select answer
* **Is the Organization Accredited?**	Select answer

Save and Proceed

Request creation

Once you click Grants and Healthcare Funding on the previous page, a new request is automatically created in the system.

How to complete this section

- Fill in the required information, indicated by a asterisk (*).
- Click **Save and Proceed** to navigate to the next section.

Please note

Information entered on this page will not be automatically saved. To avoid losing your entries, click **Save and Proceed** before leaving the section.

Contact Information

Manage contacts for your organization. Add a new contact, select contact(s) for this request, or click a contact name to update their details.

Edit profile

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Contacts (4)

Include in Request	Contact Name	Telephone	E-mail Address	Contact Type
☑	Alex Carter	+1 555 210 4422	alex.carter@example.org	Executive Director
☐	Jamie Rivera	+1 555 210 6314	jamie.rivera@example.org	Program Director
☑	Casey Morgan	+1 555 210 9876	casey.morgan@example.org	Board Member
☐	Taylor Brooks	+1 555 210 5567	taylor.brooks@example.org	Contact Person

+ Create New Contact

Save and Proceed

Add a new contact

- Click **Create New Contact** to add a new contact for your organization.

Update an existing contact

- Click the **contact name** (e.g., Alex Carter) to open their details, make changes, and save.

Include contacts for the request

- Select the checkbox next to the contact(s) that should be included in this request.
- Click **Save and Proceed** to continue to the next section.

Proposal Information

Provide key details about your proposed request, program and signatory.

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Educational Activity Details

Program Overview (Current) | Program Details | **Activity & Event Details** | **Signatory Details**

* Country of Request: Switzerland (Global)

For a global submission, select “Switzerland (Global)” or “Global” in the Country of Request.

* Will the activity be conducted only locally? Yes

* Do you have an Education Partner(s) associated with this program? No

* Delivery of Format (?) Enduring

Event Details

* Does this program include any Live Events? Yes

* How many Live Events will take place? 1

* Event Venue 1

* Event Address 1

* Event City 1

* Event Country 1

* Event State 1

Signatory Details

* Request Signatory Name

* Request Signatory Title

* Request Signatory E-mail

How to complete this section

Educational activity
Indicate whether the request is for a Medical Education program and provide details on accreditation, education partners and delivery format.

Event details
If the program includes live events, provide the number of events and the event venue, address, city, country and state.

Signatory details
Provide the name, title and email of the request signatory.

Requested Funding

Provide the detailed program costs by category and sub-category.

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Requested Funding

* Indicates required field

Please provide details of the total cost of the program by category and sub-category.

The Total Amount must be the same as the **Total Estimated Program Cost** from the **Program Information** section.

Line Item	Category *	Sub-Category *	Description / Details of Spend *	Estimated Total Program Cost *	Currency *	
1	Management Fees	Content Development			USD	⊖
2	Honoraria	Speaker			USD	⊖
Total Amount				**0.00**		

+ Add Line Item

How to complete this section

Budget details

Provide all program costs by category and sub-category.

Total amount

Ensure the Total Amount is the same as the **Total Estimated Program Cost** from the **Program Information** section.

Currency

Select the currency of the program costs.

Attachments

Upload the required and supporting documents for your request.

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Attachments

* Indicates required field

Upload the required documents below. Accepted file types: PDF, Word, Excel. Maximum file size: 50 MB per file.

* **Formal Letter of Request**		Upload file
* **Full Program Proposal**	If your Full Program Proposal already includes Program Objectives, Agenda, Needs Assessment and Outcomes Measurement Plan, there is no need to provide these separately.	Upload file
Program Objectives		Upload file
Agenda		Upload file
Needs Assessment		Upload file
Outcomes Measurement Plan		Upload file
Other Supporting Documents	You may upload any other supporting documents.	Upload file
CME Accreditation Certificate		Upload file

Additional Comments

(4,000 character maximum)

How to complete this section

Required documents
Upload the Formal Letter of Request and the Full Program Proposal.

Supporting documents
Provide additional documents such as Program Objectives, Agenda, Needs Assessment and Outcomes Measurement Plan, if not already included in the Full Program Proposal.

File upload
Accepts PDF, Word and Excel files (up to 50 MB per file).

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Attestation

Confirm key compliance statements about your request.

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Attestation

* Indicates required field

Please review and confirm the following statements to proceed.

I acknowledge that Novartis support must not in any way (directly or indirectly) be connected to or conditioned upon any prescribing, purchasing or recommending any product manufactured or marketed by Novartis.

I confirm that this proposal is unsolicited and has been developed independently, without (direct or indirect) influence or prior discussion with any Novartis associate.

For CME requests, I confirm that Novartis funds will not go towards any sunshine reportable transfers of value for any healthcare providers. Note: for non-CME requests, any transfers of value provided to any healthcare providers must be reported to Novartis.

In compliance with applicable transparency law, I commit to provide accurate and timely data to Novartis. Novartis has an obligation to report to CMS any transfer of value and/or direct and indirect payments to US licensed Physicians and teaching hospitals.

I acknowledge that the information and responses provided in this application are truthful, accurate and complete to the best of my knowledge.

I confirm to the best of my knowledge that my organization does not have any outstanding reconciliations of past grants.

☐ * I acknowledge that any real, potential, or perceived conflicts of interest are described here.

(4,000 character maximum)

How to complete this section

Review and confirm

Read each statement carefully and confirm by selecting the checkboxes.

Disclose conflicts of interest

If applicable, describe any real, potential, or perceived conflicts of interest in the text box.

Before you proceed

Ensure all required statements are confirmed and the information provided is complete and accurate.

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Review and Submit

Review your information, confirm the attestation, and submit your request.

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Review Your Request

Review the details in each section below. Select a section title to go back and make updates, if needed.

Organization Information — Complete
Training Center | United States | Hospital/Clinic

Contact Information — Complete
Person Name | test@test.com | +1 2345

Proposal Information — Complete
Country of Request: United States | Primary Target Audience: Healthcare Professionals

Funding Information — Complete
Total Programme Cost: USD 1,000.00 | Expected Revenue: USD 941.00

Attachments — Complete
3 files uploaded | W-8 Form, Letter of Request, Full Program Proposal

Attestation — Complete
Statements reviewed and saved

How to review, update, and submit

Update section information

To update information, click the section title (e.g., Attestation). The system will take you to that section, where you can make your changes and save the updated information.

Review all sections

Check that the information is complete and accurate for each section.

Submit your request

On the Submission Review page, confirm your information and click Submit. Your request will be sent to Novartis, and you will receive a confirmation email.

Submit Application

Once you submit this request, you will be unable to make any further changes.

Click Submit to send your request, or Cancel to continue working on it.

Cancel | Submit

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After Submission

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What you will see after submission and how to check your request.

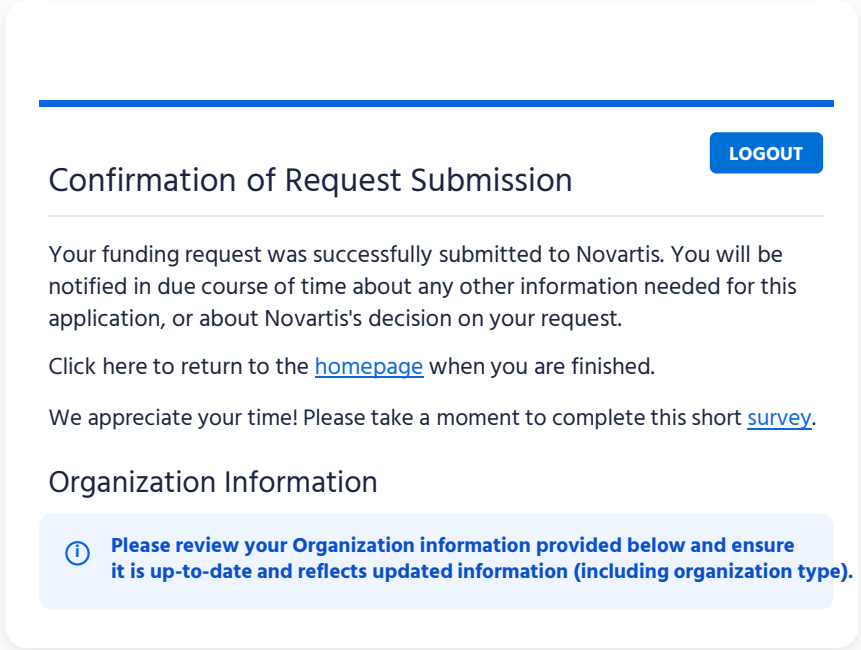
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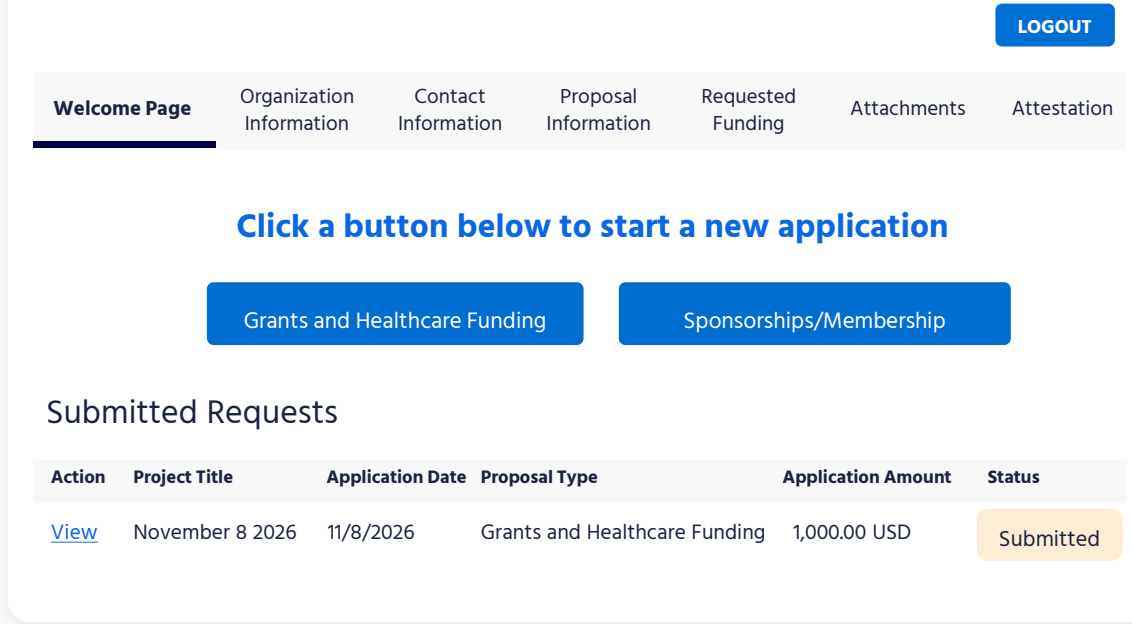
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Confirmation page

Your request has been successfully submitted.
Click the homepage link to return to the Welcome page.

Welcome page

Your request will appear under Submitted Requests, with the status shown as Submitted.

Key takeaway After you submit your request, return to the Welcome page via the homepage link to view your request and its status.

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After Submission

Track the status of your request, reporting tasks, and next steps.

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- Change of Scope Report
- Grant Outcome Report
- Educational Outcome Report
- Transparency Report

Your request is submitted. You will receive notifications at key stages and when action is required.

Request submitted
You'll receive a confirmation notification.

→

Need to make a change?
Submit a Change of Scope report to share your updates with Novartis.

→

Novartis decides
Following the review, Novartis will decide whether to approve or reject your request.

Report Timeline

Key stages and reporting milestones for your approved programme.

Request Submitted	Your request has been received. You'll receive a notification confirming submission.
Update Required	Novartis will return the request or schedule a Change of Scope report to gather the change information.
Request Approved	You'll be notified once your request is approved.
Programme End Reporting	At the end of your programme, you may be asked to complete the following reports: • Grant Outcome Report (required) • Educational Outcome Report (if needed) • Transparency Report (if needed)

See Report →

Understanding the Timeline

Key stages and what they mean:

Request Submitted
Confirmation that Novartis has received your request.

Update Required
When additional information or changes are needed (e.g., Change of Scope).

Novartis Decides
After review, Novartis will approve or reject your request.

Reporting

- **Grant Outcome Report** is needed for you to complete.
- The other reports (Educational Outcome Report and Transparency Report) will be scheduled as needed by Novartis.

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- Transparency Report

After Submission

Track the status of your request, reporting tasks, and next steps.

Open and complete a report

Follow the steps below to find and access your scheduled report in the external portal.

1 **Receive a notification**
Once an impact report is scheduled by Novartis, you'll receive a notification. →

2 **Log in to the external portal**
Log in to your applicant portal with your registered account. →

3 **Open your report**
Go to the **Pending Impact Reports** section and click the **Due** link for the applicable report.

Pending Impact Reports

	Report Type	Project Title	Report Due Date
Due	Change of Scope Report	Global Patient Education Initiative	12/3/2026
Due	Grant Outcome Report	Advancing Care in Immunology	12/11/2026
Due	Educational Outcome Report	HCP Learning & Awareness Program	2/24/2027
Due	Transparency Report	Real-World Evidence Collaboration	2/26/2027

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- Outcome Report
- Educational Outcome Report
- Transparency Report

Change of Scope

Track the status of your request, reporting tasks, and next steps.

Submit a Change of Scope report to update details of your approved request (e.g., programme objectives, target audience, timeline, budget, or other key information).

Impact Information

* Indicates required field

* Provide Reason for the proposed change

(4000 character maximum)

* Would the Target Audience reach be affected by this change? Yes

* Please describe the new Audience reach

(4000 character maximum)

* Are there any new proposed learning objectives?

* Are there new proposed Start/End dates for the program?

* Does this proposed change impact your Activity Budget?

Supporting Documents

Please attach supporting documentation.

UPLOAD FILE

About Change of Scope

When to use

Use a Change of Scope report to request updates to your approved programme.

How to update

Click Due in the Pending Impact Reports section to open and update your report.

After submission

Once submitted to Novartis, the report can no longer be updated.

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Grant Outcome Report

Provide the impact results of your programme and the related spend details for the grant.

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- **Grant Outcome Report**
- Educational Outcome Report
- Transparency Report

Impact Information

Share the actual results and outcomes of your programme.

Did your programme occur?* Select

Please describe the actual results of the programme.* Enter details (up to 4,000 characters) 0 / 4,000

Please describe the objectives fulfilled.* Enter details (up to 4,000 characters) 0 / 4,000

Are there any future activities planned?* Select

Supporting documents **Upload file** Attach relevant documents (e.g., results summary, photos)

Spend Details

Provide the actual spend of your grant, aligned to the approved budget.

Line Item	Category	Sub-Category	Description / Details of Spend	Estimated Total Programme Cost	Currency	Approved Amount	Actual Cost
1	Select	Select	Enter details	0.00	Select	0.00	0.00

Add another line item

About the Grant Outcome Report

Reconciliation of approved request
Serves as a reconciliation of your approved request.

Automatic scheduling
Once the programme end date is reached, the report will be automatically scheduled.

Report requirements
In alignment with the agreement, applicants must fill out the report with evidence that the funding was spent as agreed in the agreement.

Detailed spend and unspent funds
Enter detailed spend information. Any unspent funds must be returned to Novartis.

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Educational Outcome Report

Provide the educational results and outcomes of your programme.

Educational Outcomes

Share the actual education results and impact of your programme.

Did your programme occur?* Select

Please describe the actual results of the programme.* Enter details (up to 4,000 characters) 0 / 4,000

Please describe the educational outcomes achieved.* Enter details (up to 4,000 characters) 0 / 4,000

Number of attendees / learners* Enter a number

Target audience reached as planned?* Select

Are there any future educational activities planned?* Select

Supporting documents **Upload file** Attach relevant documents (e.g., attendance list, evaluation results, photos)

About the Educational Outcome Report

Purpose
Captures the education results and outcomes of your programme.

Scheduling
The report will be scheduled as needed by Novartis (e.g., at programme end or per agreement).

Report requirements
Provide a summary of the programme results and educational outcomes, including the number of attendees/learners and evidence of the outcomes achieved (e.g., attendance list, evaluation summary).

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- **Transparency Report**

Transparency Report

Track the status of your request, reporting tasks, and next steps.

Provide transparency information for the use of Novartis funds as required by applicable regulations.

Transparency Report

* Indicates required field

* Were any Novartis funds from this request used for transfer of value and/or direct and indirect payments that require reporting to relevant authorities? Yes

Search:

Action	Recipient Type	Organization Name	Tax ID/EIN	Contact First Name	Contact Middle Name	Contact Last Name	Contact Suffix

Showing 0 to 0 of 0 entries

Create New

Save and proceed

Need Support?

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About Transparency Report

What to provide

Report any transfer of value (e.g., payments, fees, or other support) funded by Novartis that must be disclosed to relevant authorities.

Key information

- Recipient type
- Organization name
- Tax ID/EIN (if applicable)
- Contact name(s)

After submission

You can no longer edit the Transparency Report once it is submitted.