NOVARTIS

External Applicant Guide

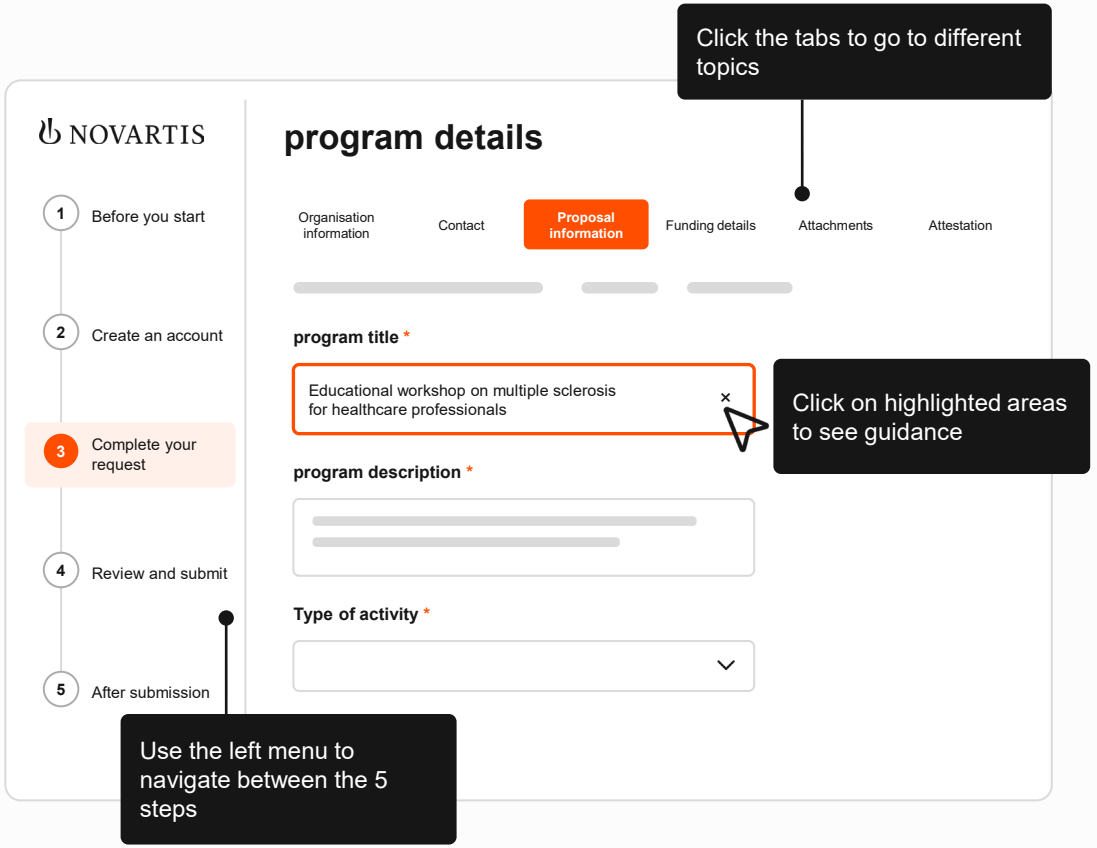
INTERACTIVE GUIDE

How to complete your application

This 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 areas to learn more.



What's inside

Follow the 5 steps to complete your application.

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3 **Complete your request**
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4 **Review and submit**
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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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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, program details)

Important to know before applying

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

- For U.S. accredited medical education grants, the accrediting organization must be the requestor and will be the payee for the grant.
- Grant requests must be submitted at least 60 days before the program start date
- Sponsorship requests must be submitted at least 60 days before the program start date
- 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. **For U.S. accredited medical education grants, the accrediting organization must be registered as the requestor and will be the payee for the grant.**

Follow these steps

Go to the GEMS portal

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

Click “Create your password”

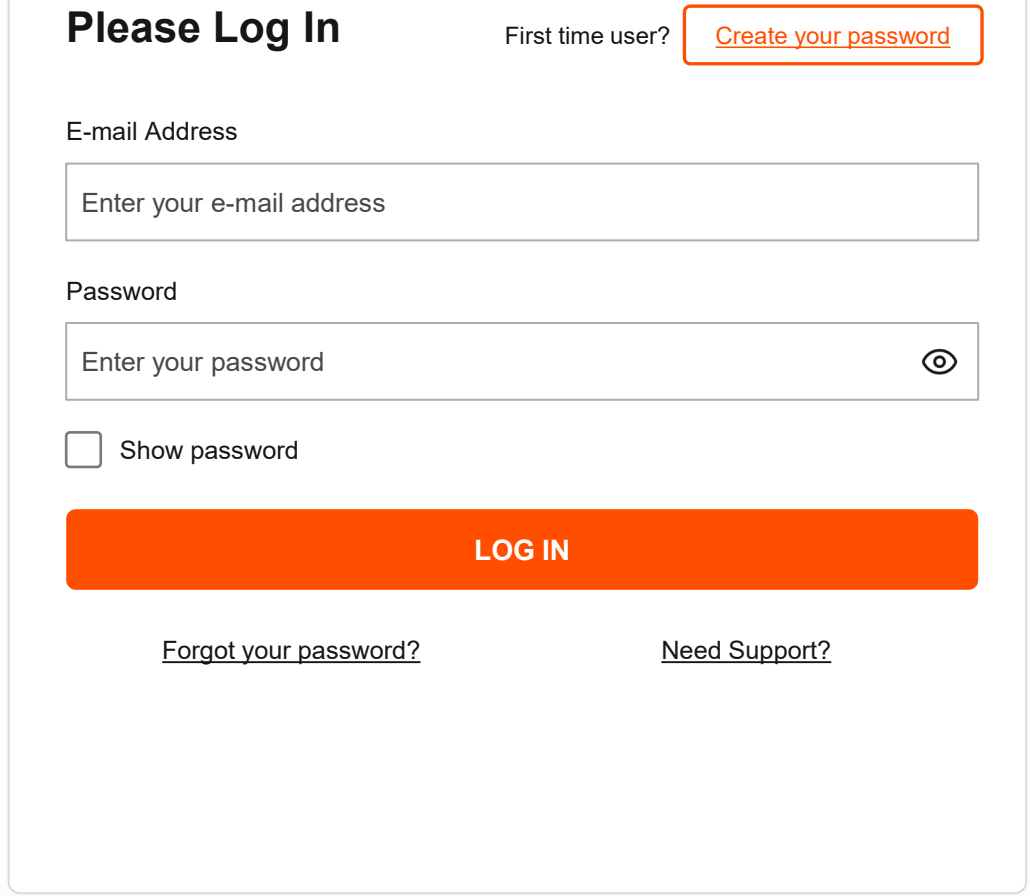
On the login page, click the link “Create your password” (next to “First time user?”).

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.



Create an account

Select your region to start the registration.

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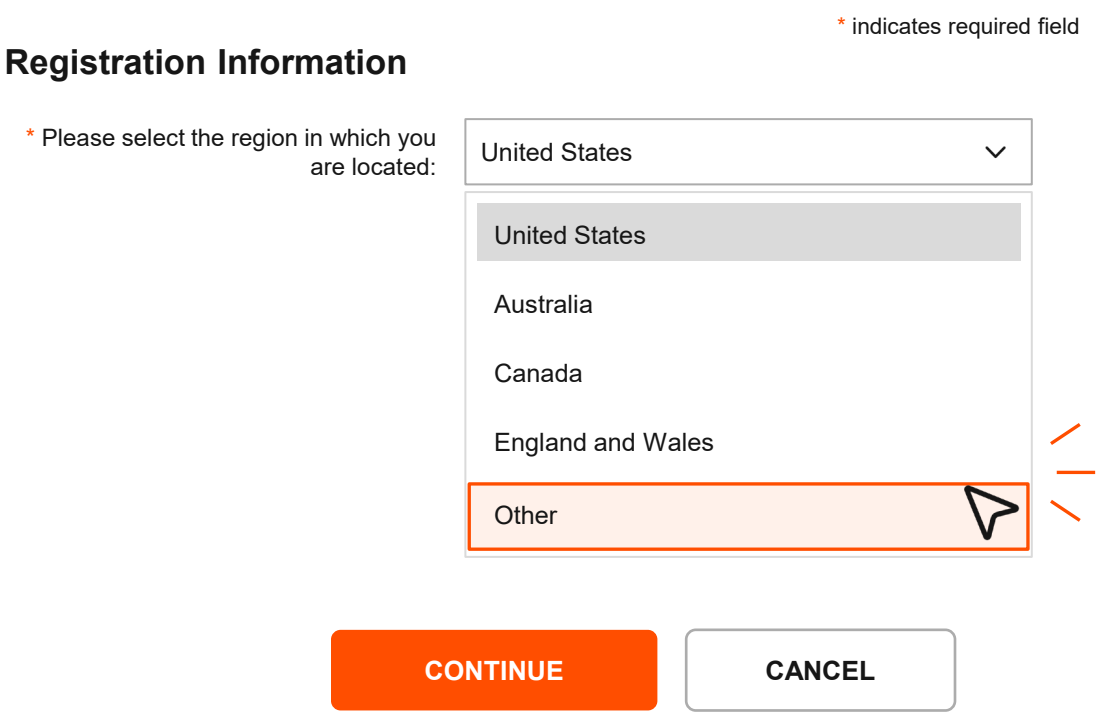
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Select your region

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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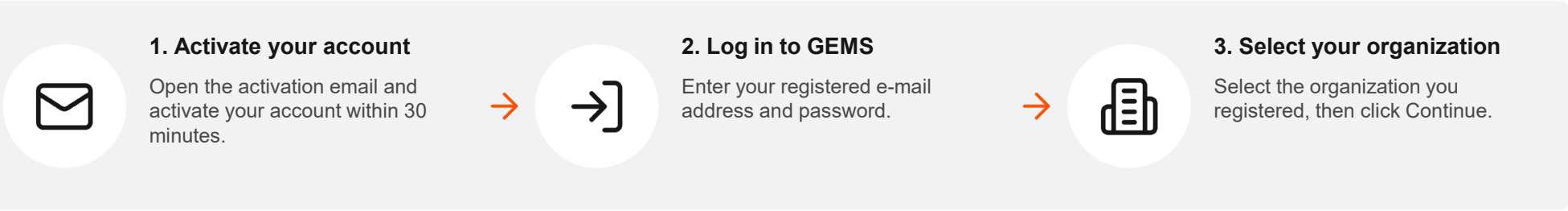
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Select your organization

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.
The accrediting organization must be the requestor for U.S. accredited medical education grant requests and will be the payee for the grant.



Your organization

Select the organization from the list below.



Continue

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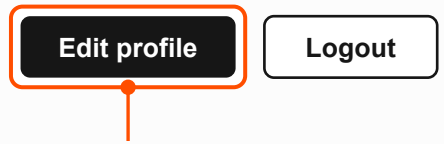
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Portal welcome page

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



Welcome Page | Organization Information | Contact Information | Proposal Information | Requested Funding | Attachments | Attestation

Welcome

You can submit and manage your funding request(s) via this portal. All submitted requests are immediately sent for review and further consideration. You will be contacted for additional information as needed.

Click the button below to start a new application.

Grants & Healthcare Funding →

Sponsorship/Membership →

Manage your profile

- Click **Edit profile** to update your personal details, including:
  - First name and last name
  - Telephone number
  - E-mail address
  - Password
- Click **Save** to apply your changes.

Add another organization

If you need to submit requests for a different organization, **click here to add a new organization to your account.**

System guide

For step-by-step instructions, refer to the **External Applicant Guide.**

Need technical support?

If you experience any technical difficulties or have questions, click on the **Need Support** link at the bottom of every page to contact our support team.

Organization Information

Provide your organization's details 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

Important – US-Accredited Medical Education Grants

The accrediting organization must be listed as the Requestor Organization and will be the payee for the grant. Please ensure the correct organization details are entered before proceeding.

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.

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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.

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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Proposal Information

Tell us about your proposed program

Complete the details below, including program, timeline, funding and signatory information.

Program Overview (Current) — Program Details — Activity & Event Details — Signatory Details

Funding Path

Funding Path: (●) **Yes – From Novartis Pharma** ( ) **No – For Biomedical Research**

Program Details

Primary Target Audience: ( ) Healthcare Professionals ( ) Patients/Caregivers

Therapeutic Area: Select a therapeutic area

Disease Area: Select a disease

Timeline

Program Start Date: mm/dd/yyyy

Program End Date: mm/dd/yyyy

Decision Date: mm/dd/yyyy — Date when you need a decision from Novartis.

The Program Start Date must be at least 60 days from today.

Funding Details

Source of Funding Support:

Currency of Request:

Amount of Request:

Total Estimated Program Cost: — Enter the total estimated cost of the program.

- The **Amount of Request** is the amount you are asking Novartis to support.
- The **Total Program Cost** must be equal to or greater than the **Amount of Request**.

Estimated Number of Each Audience Type

Attendee Type	Specialty	Estimated Number	Actual Number	Comments
Select attendee type				

+ Add New Row

How to complete this section

Funding Path
Choose Yes – From Novartis Pharma or No – For Biomedical Research.

Program Details
Select your target audience, therapeutic area and disease.

Timeline
Provide the program start date (at least 60 days from today), end date and decision date.

Funding Details
Enter the source of funding, currency, amount of request and total program cost.

Audience Information
Provide the estimated and actual number of attendees for each audience type.

Funding path at a glance

Novartis Pharma (Yes)
Activities including:

- Continuing Medical Education (CME) and non-CME programs
- Healthcare professional and patient education
- Fellowship and awards
- Disease awareness and other educational programs

Biomedical Research (No) Independent research activities, such as IITs, NIS, registries, or other Research programs to generate scientific evidence.

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Proposal Information

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

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Proposal Information

More information to complete in this section
After you fill in the details below, you will provide additional program, activity, event and signatory information.

Program Overview (Completed) — Program Details (Completed) — **Activity & Event Details (Current)** — Signatory Details

Educational Activity Details

* Will this Activity be certified for continuing education credits? **Yes**

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

To select more than one option, keep the Ctrl button on your keyboard pressed while clicking each option you want to select.

* Delivery of Format

- Print
- Web
- Other
- **Live Event (In Person)** ✓

If you select **Live Event (In Person)**, complete the Event Information below.

Event Information (only for Live Event – In Person)

* How many Live Events will take place? **1**

* Event Venue 1

* Event Address 1

* Event City 1

* Event Country 1

Signatory Details

No educational partner requirements.

For US activities, Novartis requires that the Accredited Provider must be the requestor for the program and will be the payee for the grant.

* Request Signatory Name

* Request Signatory Title

* Request Signatory E-mail

How to complete this section

Education Partner

If you select "No" to the question "Do you have an Education Partner(s) associated with this program?", no additional partner information is required.

Live Event (In Person)

If you select "Live Event (In Person)" from the Delivery of Format, the Event Information section will appear.
Please complete the event details, (e.g. number of events, venue, address, city, country).

Signatory Details

For US activities, the Accredited Provider must be the requestor for the program and will be the payee for the grant.

If the Accredited Provider was not entered as the Requestor Organization, please update the organization details before submitting the application. This can be done while the application is still in draft status.

Please provide the signatory's name, title and e-mail address.

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Funding Information

Provide the program funding and a detailed budget.

Expected program Revenue

Provide the total expected revenue for this program from all sources.

Revenue Type	Estimated Amount (USD)
★ Grant Funding	
★ Other	
★ Registration	
Total	**0.00**

Detailed program Budget

Provide a breakdown of all program costs. Add a line for each budget item.

Line Item	Category	Sub-Category	Description / Details of Spend (e.g., rate × hours, unit cost × quantity)	Estimated Total program Cost (USD)	
1					
Grand Total				**0.00**	

+ Add Line Item

How to complete this section

Enter program revenue

- **Grant Funding:** total expected funding from grants (e.g., from Novartis and/or other organisations).
- **Other:** any additional revenue (e.g., organisational contribution, sponsorship, donations).
- **Registration:** expected revenue from participant fees (enter 0 if not applicable).

Provide a detailed budget

- Add a line for each program cost.
- Select the appropriate category and sub-category.
- Describe the expense and how the cost was calculated (e.g., hourly rate × hours, unit cost × quantity).

Check your totals

- Ensure your revenue and total program cost are complete and consistent with your proposal.

Example – Budget item

Speaker fee: USD 500 × 2 speakers = **USD 1,000**

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Attachments

Upload the required documents and any additional supporting files for your request.

Attachments

* Indicates required field

Please upload the signed W-8 or W-9 form, as applicable for the organization submitting this request.
U.S. organizations should upload a W-9 form; non-U.S. organizations should upload the applicable W-8 form.
If you do not have a W-8 or W-9 form (as applicable), download from the link below, fill it, sign and then upload.
Please note that the requesting organization will be the Payee if the funding request is approved.

Download W-8 Form, click here Download W-9 Form, click here

* **Formal Letter of Request**	Upload a signed letter on your organization's letterhead.	UPLOAD FILE
* **Full Program Proposal**	Include program objectives, agenda and assessment plan. No need to provide additional documents here.	UPLOAD FILE
Program Budget	Upload the detailed budget (e.g., expenditure breakdown).	UPLOAD FILE
Program Objectives	Upload the program objectives and expected outcomes.	UPLOAD FILE
Agenda	Upload the event agenda (if applicable).	UPLOAD FILE
Needs Assessment	Upload the needs assessment (if applicable).	UPLOAD FILE
Outcomes Measurement Plan	Upload the plan to measure outcomes (if applicable).	UPLOAD FILE
Other Supporting Documents	You may upload any other supporting documents.	UPLOAD FILE

Additional Comments

(4,000 character maximum)

SAVE AND PROCEED

How to complete this section

Required documents

Upload the signed W-8 or W-9 form, as applicable for your organization. This form is required for all requests and must be signed by an authorised representative.

Additional supporting documents

Upload the documents listed on the left, such as your proposal, budget, objectives and agenda. Only upload files that are relevant to your request.

File format and size

- Supported formats: PDF, Word, Excel, PowerPoint (or common image formats).
- Maximum file size: as specified in the portal (e.g., 10 MB per file).

Example
W-9 form (U.S. organization)
File name: ABC_Org_W9.pdf

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Attestation

Confirm key compliance statements about your request.

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.

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 program 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

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

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.
For U.S. accredited medical education grants: If the accrediting organization was not entered as the Requestor Organization, return to the Organization Information section and update the details before submitting your request.

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.

Need to make changes or have questions?

For assistance, please contact the relevant support team:
– Professional Medical Education Grants: grants.office@novartis.com
– Patient Education Grants:
– patientadvocacy.support@novartis.com

After Submission

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

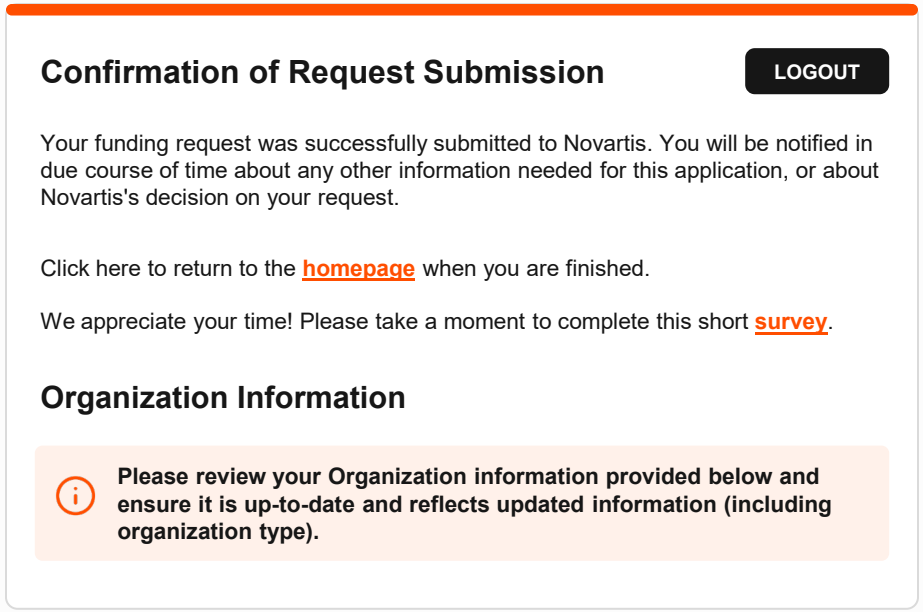
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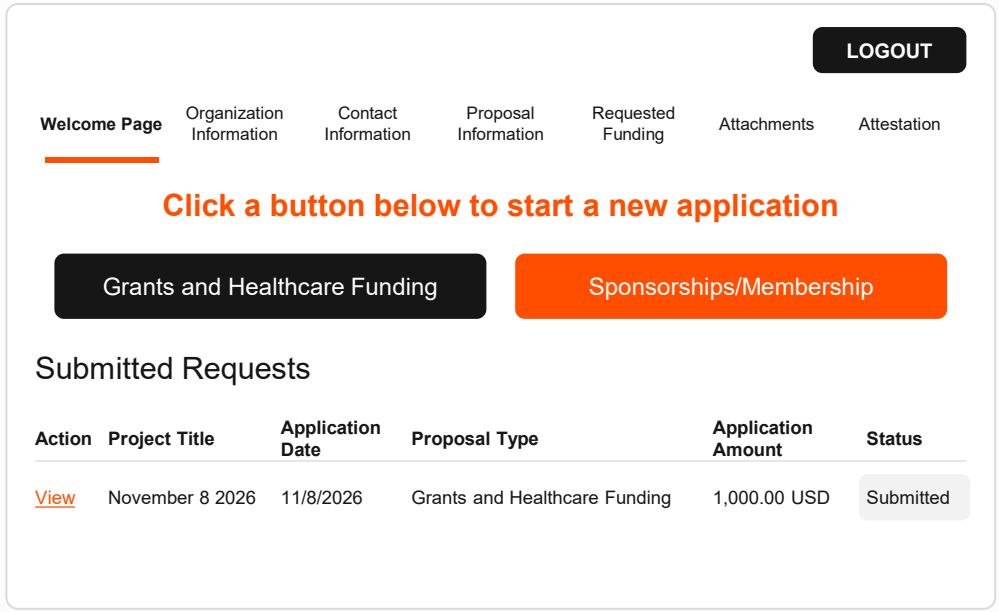
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Confirmation page

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

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

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

Request submitted
You'll receive a confirmation notification. The request can no longer be altered.

Need to make a change?
Send an email to the relevant support team:
Professional Medical Education Grants: grants.office@novartis.com
Patient Education Grants: patientadvocacy.support@novartis.com

Request approved
You'll receive a notification once your request is approved.

Request rejected
You'll receive a notification if your request is rejected, with details on next steps.

Report Schedule Timeline

Key reporting milestones for your approved program. You'll receive a notification when each report is scheduled and a reminder if it is not submitted by the due date.

Request Approved
You'll be notified once your request is approved.

Educational Outcome Report (Interim)
90 days after program start date
You'll receive a notification to complete the report.

Program End Reporting (Final)
90 days after program end date
You'll receive a notification to complete:
Program and Educational Outcome Impact Report - Interim
Program and Educational Outcome Impact Report - Final
Sunshine Reporting and Reconciliation

When Novartis requests additional information

If Novartis requires further information during the review, you will receive an email through GEMS. Please reply directly to the email, keeping the GEMS-specific address in CC so that all correspondence is automatically recorded under your request in GEMS

Payment Inquiries

After your request is approved and the Letter of Agreement is signed, if you have not yet received payment after a few weeks, send an email to the relevant support team:
Professional Medical Education Grants: grants.office@novartis.com
Patient Education Grants: patientadvocacy.support@novartis.com

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After Submission

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

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04 **Review and submit**
Check and submit your request

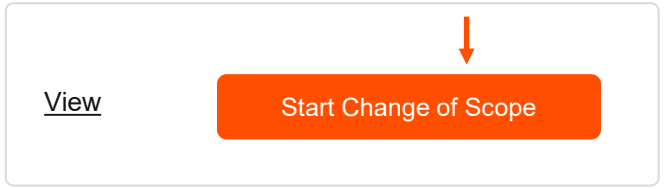
05 **After submission**
Track progress and respond to questions

- **Change of Scope**
- Interim Educational Outcome Report
- Final Educational Outcome Report
- Grant Outcome Report

Change of Scope

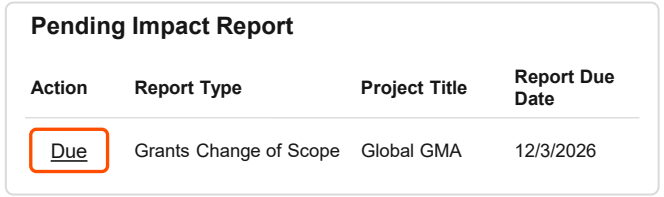
A Change of Scope Report can only be submitted after your funding request has been approved.

1 Create a Change of Scope Report



- Go to the External Portal home page.
- Click the **“Start Change of Scope”** button under the relevant request to create a new report.

2 Find and Update a Created Report (Before Submission)



- Once the report is created and not yet submitted, it will appear in the **“Pending Impact Reports”** section.
- Click **“Due”** to open and update your report.

3 Submit to Novartis

After you submit the Change of Scope report to Novartis, it can no longer be updated.

About Change of Scope

When to use

Use a Change of Scope report to request updates to your approved Program, such as change to its activities, timelines or scope.

Where to create

On the External Portal, click the **“Start Change of Scope”** button under your request.

Where to find and update

In the **“Pending Impact Reports”** section, click **“Due”** to open and update your created report (before submission).

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After Submission

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

01 **Before you start**
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Provide program details, budget and documents

04 **Review and submit**
Check and submit your request

05 **After submission**
Track progress and respond to questions

- **Change of Scope**
- Interim Educational Outcome Report
- Final Educational Outcome Report
- Grant Outcome Report

Change of Scope

Submit a Change of Scope Request to propose changes to your approved program, such as objectives, target audience, timeline or budget.

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

Request change to an approved program.

How to update

<before submission, open your draft in the Pending Impact Reports section to make changes.

After submission

Novartis will review your Change of Scope Request and communication its final decision. Once submitted, the request can no longer be edited..

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After Submission

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

01 **Before you start**
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04 **Review and submit**
Check and submit your request

05 **After submission**
Track progress and respond to questions

- ○ Change of Scope
- ● **Interim Educational Outcome Report**
- ○ Final Educational Outcome Report
- ○ Grant Outcome Report

Interim Educational Outcome Report

Provide cumulative educational outcomes for your approved request, scheduled 90 days after the program start date.

Impact Information

* Indicates required field

All data should be cumulative to date numbers including live and enduring.

* Type of Report	**Interim Report**
	• Live attendees to date • Enduring attendees to date
* Number of learners	
	• Academic • Community
Practice Setting for HCPs Practice Type Attendance	
	• Podcast • Resources • Slide presentation
Downloads Number of Downloads	
	Maximum number of credits offered through the program.
Other Social Media Impressions	

Advanced Outcomes

In this section, upload advanced outcomes including Moore's level 3–7.	Click here to download the Outcome Reporting Guide
Enter the highest Moore's level of Outcomes actually achieved with this	
Educational Outcomes	Please upload the interim/final Educational outcomes for the program. Upload only PPT or PDF file; file size upto 50MB UPLOAD FILE
Link(s) to enduring activities (put NA for live only events)	

About Interim Educational Outcome Report

Report schedule

The Interim Educational Outcome Report is due **90 days after the program start date.**

What to report

Provide cumulative outcomes to date, including:

- Number of learners (live and/or enduring)
- Practice setting and attendance type
- Downloads (e.g., podcast, resources, slide presentation)
- Social media impressions, if applicable
- Advanced outcomes (e.g., Moore's level 3–7) with supporting file

How to submit

Go to the **Impact Information** tab, select **Interim Report** as the Type of Report, complete the required information, and upload the outcome file.

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After Submission

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

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Check eligibility and prepare your documents

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Provide program details, budget and documents

04 **Review and submit**
Check and submit your request

05 **After submission**
Track progress and respond to questions

- ○ Change of Scope
- ○ Interim Educational Outcome Report
- ● **Final Educational Outcome Report**
- ○ Grant Outcome Report

Final Educational Outcome Report

Report the final educational outcome of your approved program, including participation, reach and supporting evidence.

* Indicates required field

* Type of Report: **Final Report**

* Number of learners
• Live attendees to date • Enduring attendees to date

Practice Setting for HCPs
Practice Type Attendance
• Academic • Community

Downloads
Number of Downloads
• Podcast • Resources • Slide presentation

Other
Social Media Impressions
Maximum number of credits offered through the program.

Advanced Outcomes

In this section, upload advanced outcomes including Moore's level 3–7.

Click here to download the Outcome Reporting Guide

* Enter the highest Moore's level of Outcomes actually achieved with this educational grant

* Educational Outcomes

Please upload the interim/final Educational outcomes for the program.
Upload only PPT or PDF file; file size upto 50MB

UPLOAD FILE

* Link(s) to enduring activities (put NA for live only events)

Satisfaction Data

	* Number of total responses	* Number of responses in agreement with the statement
Question 1 – instruction text Provide responses for this question. "Presentation met stated educational objectives"		
Question 2 – instruction text Provide responses for this question. "Presentations were free from commercial bias"		
Question 3 – instruction text Provide responses for this question. "The information provided in the program was relevant to your practice"		
Question 4 – instruction text Provide responses for this question. "I plan to make changes to my practice as a result result of attending this activity"		

About Final Educational Outcome Report

When to submit

Submit the Final Educational Outcome Report **within 90 days after the program end date.**

What to report

Provide the full program outcomes, including:

- Number of learners (live and/or enduring)
- Practice setting and attendance type
- Downloads (e.g., podcast, resources, slide presentation)
- Social media impressions, if applicable
- Advanced outcomes (e.g., Moore's level 3–7) with supporting file
- Satisfaction data (Questions 1–4)

How to submit

Complete the required information in the **Impact Information** tab, select **Final Report** as the Type of Report, and upload the outcome file.

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After Submission

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

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04 **Review and submit**
Check and submit your request

05 **After submission**
Track progress and respond to questions

- ○ Change of Scope
- ○ Interim Educational Outcome Report
- ○ Final Educational Outcome Report
- ● **Grant Outcome Report**

Grant Outcome Report

Complete the Grant Outcome Report for your approved request.

Impact Information → Spend Details

Impact Information

* Indicates required field

* Are there any payments required to be disclosed under Sunshine Act Payment? — Yes

Please note: If you select “no” for Sunshine Act payment disclosure, you only need to complete and upload the Novartis Sunshine Attestation Form. The Sunshine Spend Report is not required.

* Please sign and upload the Novartis Sunshine Attestation Form — Click here to download the Novartis Sunshine Document

Upload file

* Please complete the Novartis Sunshine Spend Report and upload — Click here to download the Novartis Sunshine Spend Report

Upload file

* **Final Agenda** — Upload a Final Agenda with the Name, Date and Location of your Event.

Upload file

About Grant Outcome Report

What to provide

Confirm Sunshine Act payment requirements and upload the required documents.

Required documents

- Novartis Sunshine Attestation Form
- Novartis Sunshine Spend Report(if applicable)
- Final Agenda (including event name, date and location)

After submission

Once submitted, the Grant Outcome Report can no longer be updated.

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After Submission

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

01 **Before you start**
Check eligibility and prepare your documents

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Register and access the portal

03 **Complete your request**
Provide program details, budget and documents

04 **Review and submit**
Check and submit your request

05 **After submission**
Track progress and respond to questions

- ○ Change of Scope
- ○ Interim Educational Outcome Report
- ○ Final Educational Outcome Report
- ● **Grant Outcome Report**

Grant Outcome Report

Complete the Grant Outcome Report for your approved request.

Impact Information → Spend Details

Spend Details

* Indicates required field

Actual Revenue from Grant

* Revenue Type	* Estimated Amount ($)	* Actual Amount ($)
Grant Funding		
Other		
Registration		
	Total: 0	Total: 0

Requested Funding						Novartis Entries		
Line Item	Category	Sub-Category	Description/Details of Spend	Estimated Total Program Cost	Currency	Novartis Support Category	Novartis Total Approved Amount	Actual Cost
1	Management Fees	Program Management	234324	1000	USD	Yes		
			Grand Total	1000.00				0.00

About Spend Details

What to provide

Provide the actual revenue from the grant and details of spending against the approved budget.

Key information

- Enter revenue by type (Grant Funding, Other, Registration).
- Complete the requested funding table, including actual cost.

Totals

The total estimated cost and actual cost are calculated automatically.

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Sponsorships

Provide details about your sponsorship request, including event information, request type, and supporting documents.

01 **Before you start**
Check eligibility and prepare your documents

02 **Create an account**
Register and access the portal

03 **Complete your request**
Provide sponsorship details, event information, and supporting documents

04 **Review and submit**
Check and submit your request

05 **After submission**
Track progress and respond to questions

Organization Details

* Indicates required field

* **Request Type**	Select request type
* **Sponsorship Category**	Select category
* **Event/Program Name**	Enter event or program name
* **Event Start Date**	Select date
* **Event End Date**	Select date
Event Location	Enter event location
* **Requested Support**	Select requested support
* **Sponsorship Amount**	Enter amount (USD)
* **Purpose of Sponsorship**	Describe the purpose and expected impact of the sponsorship (2000 characters maximum)

If your program does not have a physical event location, you may leave this field blank.

Save and Proceed

Request creation

Once you select Sponsorship/Membership on the previous page, a new request is automatically created in GEMS.

How to complete this section

- Fill in the required information, indicated by a red 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.

Submission timeline

Sponsorship request submitted less than 60 days before the program start date may not be considered.

01 **Before you start**
Check eligibility and prepare your documents

02 **Create an account**
Register and access the portal

03 **Complete your request**
Provide sponsorship details, event information, and supporting documents

04 **Review and submit**
Check and submit your request

05 **After submission**
Track progress and respond to questions

Sponsorships

Manage your sponsorship requests. Add a new sponsorship, select sponsorship(s) for this request, or click a sponsorship name to update the details.

Welcome Page | Organization Information | **Contact Information** | Program Information | Attachments | Attestation

Sponsorships (3)

Include in Request		Sponsorship Name	Request Type	Event/Program Name	Amount (USD)	Status
☑		Health Summit 2026	Event	Global Health Summit	50,000	Draft
☐		Youth Innovation Program	Program	Youth Innovation 2026	25,000	Submitted
☑		Community Health Fair	Event	Community Wellness Day	10,000	Draft

Save and Proceed

Add a new sponsorship

- Click **Create New Sponsorship** to add a new sponsorship request.

Update an existing sponsorship

- Click the **sponsorship name (e.g., Health Summit 2026)** to open the details, make changes, and save.

Include sponsorships for the request

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

Program Information

Provide details about your program, including objectives, timeline, funding, and summary.

01 **Before you start**
Check eligibility and prepare your documents

02 **Create an account**
Register and access the portal

03 **Complete your request**
Provide program details, budget and documents

04 **Review and submit**
Check and submit your request

05 **After submission**
Track progress and respond to questions

Program Information

* Indicates required field

* Is this a sponsorship or membership? — Select answer
* Country of Request — United States
* Primary Target Audience — Select target audience

Requests that are submitted less than 60 days from the Program Start Date may not be considered.

* Program Start Date — mm/dd/yyyy
* Program End Date — mm/dd/yyyy
* Decision Date — mm/dd/yyyy
* Currency of Request — USD - US Dollar
* Requested Funding Amount — Enter amount (USD)
* Full Program Cost — Enter total estimated cost (USD)
* Program Title — Enter program title
* Program Summary — Provide additional details such as purpose of the program, the intended objectives and other necessary details. (1000 characters maximum)

Signatory Details

* Request Signatory Name — Enter request signatory name
* Request Signatory Title — Enter request signatory title

Request creation

- Once you click Sponsorship/Membership 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 red 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** on each screen to save your information and continue to the next section.

Attachments

Upload the required documents for your request, including the formal letter of request, program information (including sponsorship levels and benefits), W-9 form, and other supporting documents.

01 **Before you start**
Check eligibility and prepare your documents

02 **Create an account**
Register and access the portal

03 **Complete your request**
Provide program details, budget and documents

04 **Review and submit**
Check and submit your request

05 **After submission**
Track progress and respond to questions

Attachments

* Indicates required field

* **Formal Letter of Request** — Upload file

* **Program Information** — Upload file

Please upload program information which includes Sponsorship levels and benefits.

* **Complete W9 Form Upload** — Upload file

Please upload signed W-9 form of the organization submitting this request. The W-9 Form must be dated within two years of submission. Please note that the Requesting Organization will be the Payee if the funding request is approved.

Other Supporting Documents — Upload file

You may upload any other supporting documents.

Additional Comments

Enter additional comments (4000 characters maximum)

What to provide

- Formal letter of request
- Program information, including sponsorship levels and benefits
- Signed W-9 form
- Other supporting documents (if applicable)

How to complete this section

- Upload the required documents, indicated by a red asterisk (*).
- Click **Save and Proceed** to save your information and continue to the next section.

Please note

- Accepted file types: PDF, DOC, DOCX.
- Maximum file size per upload: 25 MB.

01 **Before you start**
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Check and submit your request

05 **After submission**
Track progress and respond to questions

Attestation

Review and acknowledge the statements below to confirm your understanding and compliance with Novartis requirements.

Welcome Page | Organization Information | Contact Information | Program Information | Attachments | Attestation

Attestation

* Indicates required field

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.

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 confirm that Novartis funds will not go towards any meals, beverages, CME activities, accreditation fees, or awards. I also confirm that Novartis funds will not be used for any transfers of value for any HCPs (including speakers, attendees, board members, etc.). Transfers of value include travel, food, beverage, accommodations, honorarium.

I acknowledge that I may only use the Novartis name and marks for sponsor recognition purposes and in accordance with the terms of the LOA.

Per policy, sponsorships and related benefits must be offered on commercially reasonable terms to all similarly positioned sponsors.

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

* I acknowledge that any real, potential, or (1) perceived conflicts of interest are described here.

Enter details (4000 characters maximum)

* I confirm/agree to the statements above ☐ Yes

What to do

- Review the statements and acknowledge your understanding and compliance with Novartis requirements.

How to complete this section

- Provide details of any real, potential, or perceived conflicts of interest in the text box, if applicable.
- Select the checkbox to confirm/agree to the statements.

Please note

- All statements are required to be acknowledged to proceed with your request.
- Provide complete and accurate information.

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