

Patient Access And Independent Education

AbbVie Grant Management System

Grant Submission Documents Guide

Effective May 2023



AbbVie Grant Submission Documents - Education Requests

Medical Education

Required

- **Agenda** – Must be for the entire program with Topic Titles and Time Allocation, Breaks and Lunches
- **Educational Needs Assessment** – Description of addressing needs, or "gaps" between current conditions and desired conditions and list information sources.
- **Learning Objectives** –What will the audience learn or have a bettering understanding of after attending this program?
- **Plan to Evaluate** – A detailed description of how you plan to measure the programs effectiveness/impact
- **Copy of Detailed Budget for Program**
- **W8/W9** –Most recent IRS W8/W9 form, signed and dated within 12 months of the program date.
- **Letter of Request** – Must have the following components:
 - On Organization's letterhead
 - Includes a description of the program/request
 - Includes date(s) of the program (Program start Date-Program End date)
 - Includes location(s) of the program
 - List of Product(s) Requested and Amount (For In-kind Product Requests)
 - Includes the exact amount that is being requested from AbbVie
 - Payment remit address and/ or Bank Information(If applicable)
 - Signed by a member of the Organization

Potential Required

- **Certificate of Accreditation or Accreditation Documentation** – If the program is accredited
- **Previous Outcomes**

Optional Uploads

- **Venue Explanation** – An explanation of why the venue or location was chosen
- **Contingency Plan** – How you plan to modify the program if full funding is not received. This is an informational document only **Important Note: If the grant is approved ALL scope changes require additional approvals**

Patient Education

Required

- **Agenda** – Must be for the entire program with Topic Titles and Time Allocation, Breaks and Lunches
- **Learning Objectives**-What will the audience learn or have a bettering understanding of after attending this program?
- **Educational Needs Assessment** -Description of addressing needs, or "gaps" between current conditions and desired conditions and list information sources.
- **Plan to Evaluate** – A detailed description of how you plan to measure the programs effectiveness/impact
- **Copy of Detailed Budget for Program**
- **W8/W9** – Most recent IRS W8/W9 S form, signed and dated within 12 months of the program date.
- **Letter of Request** – Must have the following components:
 - On Organization's letterhead
 - Includes a description of the program/request
 - Includes date of the program
 - Includes location of the program
 - Includes the exact amount that is being requested from AbbVie
 - Payment remit address and/ or Bank Information(If applicable)
 - Signed by a member of the Organization

Optional Uploads

- **Previous Program Outcomes**
- **Venue Explanation** –An explanation of why the venue or location was chosen
- **Contingency Plan** – How you plan to modify the program if full funding is not received. This is an informational document only **Important Note: If the grant is approved ALL scope changes require additional approvals**



AbbVie Grant Submission Documents - Fellowships & Charitable Donations

Fellowships

Required

- **Letter of Request** – Must have the following components:
 - On Organization's letterhead
 - Includes a description of the program/request
 - Includes all the following components:
 - *Selection criteria*
 - *Statement attesting that AbbVie does not have any control, input or influence over the selection process*
 - *% of time academic, clinical and research*
 - *Accreditation status*
 - *Rotation/curriculum information*
 - *Background of the fellowship*
 - *Summary of the application packet*
 - Includes date(s) of the program (Program start Date-Program End Date)
 - Includes the exact amount that is being requested from AbbVie
 - Payment remit address or Bank Information(If applicable)
 - Signed by a member of the Organization

- **W8/W9** –Most recent IRS W8/W9 form, signed and dated within 12 months of the program date
- **Copy of Detailed Budget for Program**

Important Note: If the grant is approved ALL scope changes require additional approvals

Charitable Donations – Mission Support

Required

- **Letter of Request** – Must have the following components:
 - On Organization Letterhead
 - Includes a description of the mission of the Organization and examples of past programs.
 - Includes Date(s) of support (must be 1 year)
 - Amount of funding that is being requested
 - Payment remit address or Bank Information(If applicable)
 - Signed by a member of the Organization
- **W8/W9** –Most recent IRS W8/W9 form, signed and dated within 12 months of the program date
- **Copy of Organization's Operating Budget**

Important Note: If the grant is approved ALL scope changes require additional approvals

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CLOSING HEALTHCARE GAPS THROUGH ASSISTANCE, EDUCATION, AND DONATION