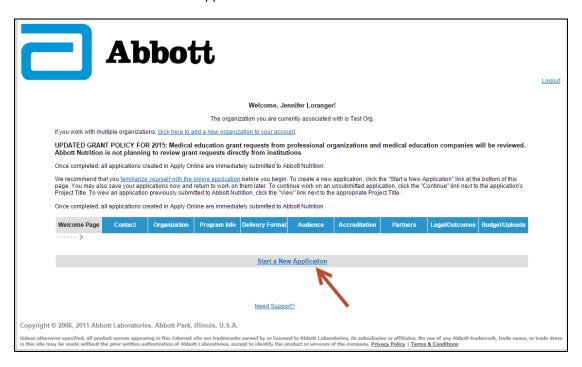
How to Submit a Grant

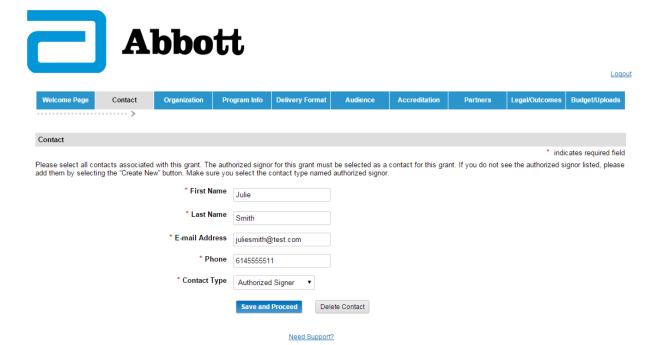
1. Press the 'Start a New Application' link.



- 2. Fill in the contact information.
- 3. Press the 'Save and Proceed' button.

NOTE: Your grant information is saved anytime you select the "Save and Proceed" button. At any point, you can start the application, save and complete later. Just make sure you select the "Save and Proceed" button before you leave the application.

NOTE: You do not have to complete the tabs in order. You are able to click on any blue tab at any point in the application process.

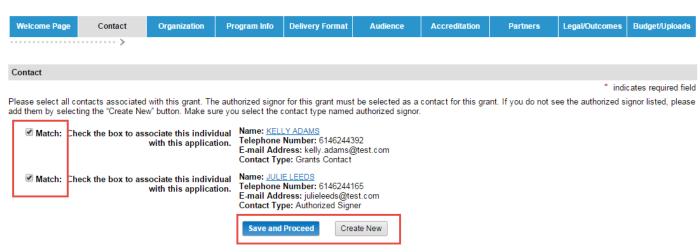


- 4. Select the grant requestor's contact information by selecting the box next to "Match" (see screen shot below).
- 5. If you are not the authorized signor, you need to add the authorized signor as a separate contact. Select the "Create New" button to add the authorized signor. The contact type should be "Authorized Signor".
- 6. After you add all contacts associated with this grant press the 'Save and Proceed' button.

NOTE: If you need to edit a contact's information click on the contact's name.



Logout

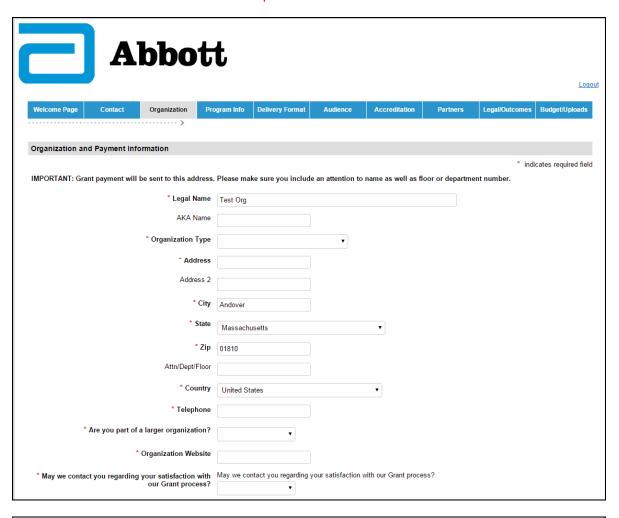


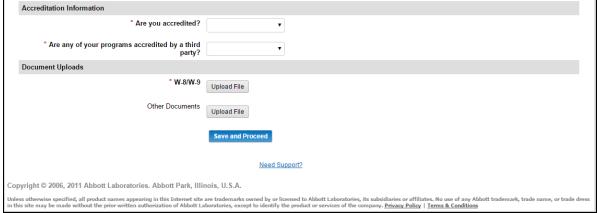
Need Support?

7. Fill in the organization and payment information and press the 'Save and Proceed' button when finished.

NOTE: IMPORTANT: Grant payment will be sent to this address. Please make sure you include an attention to name as well as floor or department number.

NOTE: The W-9 must be dated within the past 12 months.





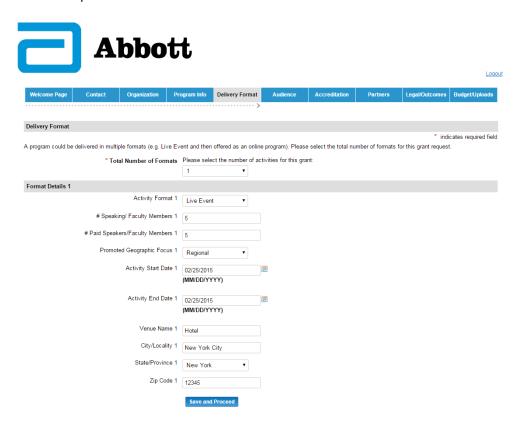
- 8. Fill in the program information.
- 9. Press the 'Save and Proceed' button when finished.



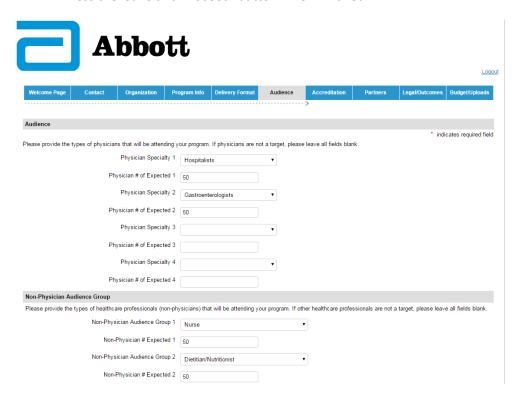
Logout

Welcome Page	Contact	Organization	Program Info	Delivery Format	Audience	Accreditation	Partners	Legal/Outcomes	Budget/Uploads
			>						
Program Info									
* indicates required Please fill in information regarding your program expectations.									cates required field
		* Program To	pic AN: Malnu	trition in Acute Car	e and Oncology	•			
		* Program T	itle Malnutrition						
	* Progra	am Event Descript	ion Malnutrit	ion Symposia					
			(1980 chara	cter(s) remaining)					
		* Program Start D			83				
			(MM/DD/YY	YY)					
		* Program End D	52,25,25,15		W.S.				
			(MM/DD/YY	YY)					
* Are there other	potential suppor	ters of this progra	m? No	•					
		* Abbott Person	nel If there are r	no complimentary p	ersonnel, enter 0.				
			2						
	* Will exhibits/	displays be allowe	ed? No	•					
* Is exhibit s	pace compliment	ary to all supporte	rs? No	•					
	What is the exh	iibit fee for supporte	rs? \$500						
			Save and	Proceed					

10. Select the 'Total Number of Formats' from the drop down list. A program could be delivered in multiple formats (e.g. Live Event and then offered as an online program). Please select the total number of formats for this grant request and then fill out the format detail fields. Press the 'Save and Proceed' button when finished.



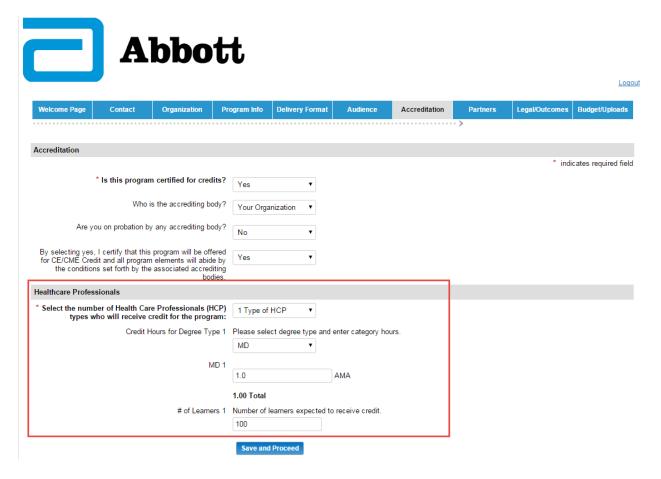
- 11. Fill out the audience information for your program. The top section is physician audience types (i.e. pediatricians, hospitalists) and the second section is your non-physician audience (i.e. nurses and dietitians). You will be asked to provide the HCP type as well as number expected for each of these HCP types.
- 12. Press the 'Save and Proceed' button when finished.



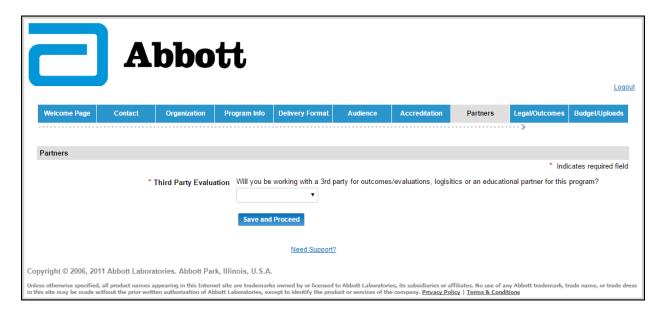
13. Fill out the accreditation and healthcare professional fields.

NOTE: In the Healthcare Professionals section, you will be asked to select how many types of HCP's are receiving credit. After you designate the types (i.e. nurses, dietitians, etc.) you will be asked to designate how many credit hours they will receive as well as # of learners expected to receive credit. See example below.

14. Press the 'Save and Proceed' button when finished.

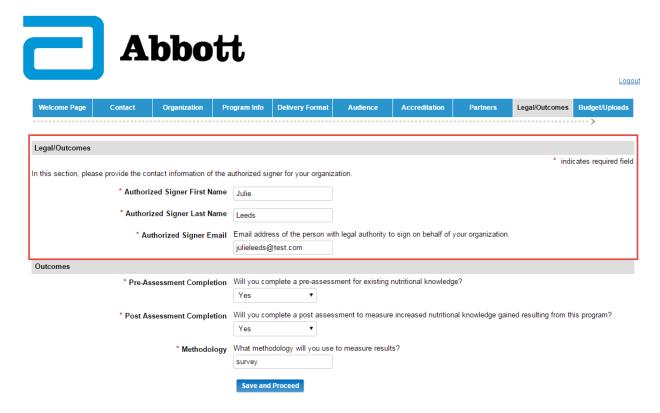


- 15. Fill out the partners field(s)
- 16. Press the 'Save and Proceed' button when finished.

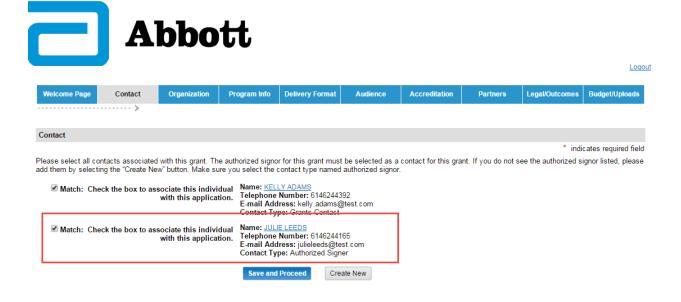


- 17. Fill out the legal/outcomes and outcomes fields.
- 18. Press the 'Save and Proceed' button when finished.

NOTE: The authorized signor must be a contact associated with this request. After filling out the authorized signor information, go back to the Contact tab and verify that this person is designated as a contact with the authorized signor type.



The Contact tab should list the same authorized contact information as the Legal/Outcomes tab. See example below.

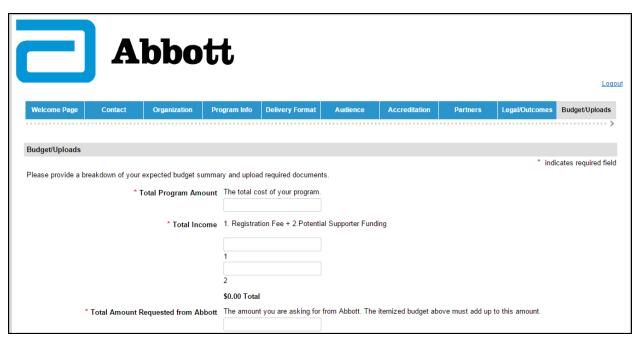


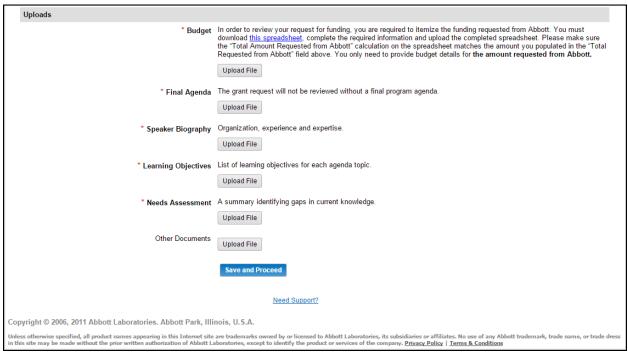
- 19. Fill in the budget/upload and upload fields.
- 20. Press the 'Save and Proceed' button when finished.

NOTE: At the top of the page, you will be asked for budget summary information.

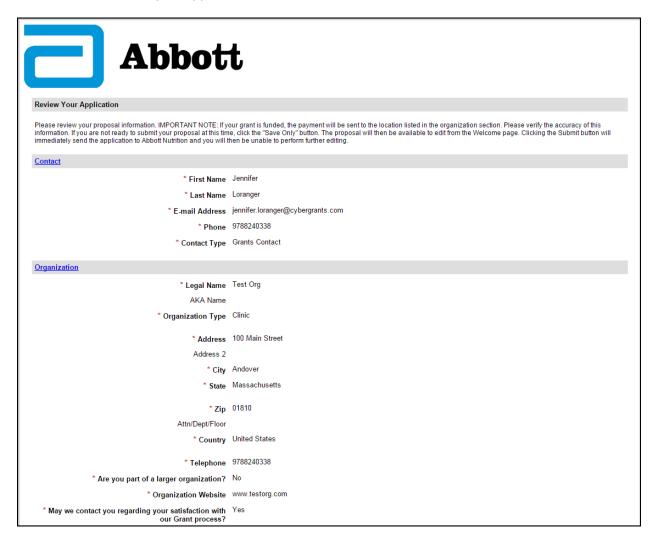
In order to review your request for funding, you are required to itemize the funding requested from Abbott. You must download the spreadsheet in the "Uploads" section, complete the required information and upload the completed spreadsheet. Please make sure the "Total Amount Requested from Abbott" calculation on the spreadsheet matches the amount you populated in the "Total Requested from Abbott" field in the budget summary section.

You only need to provide budget details for the amount requested from Abbott.

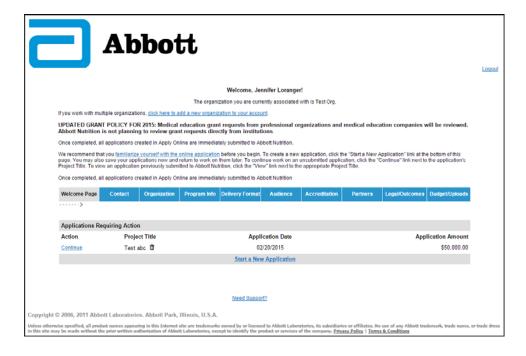




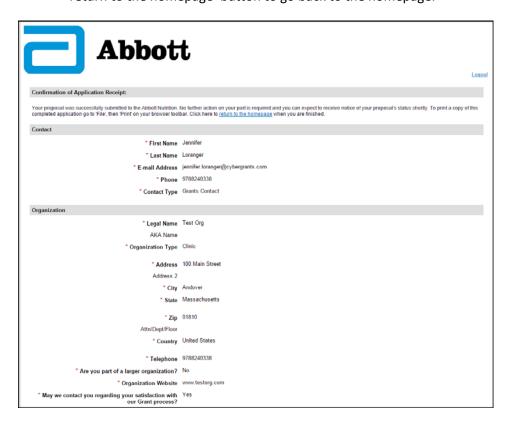
21. Review your application and either press the 'Submit' button to submit your application or press the 'Save Only' button to save your application and return later to submit it.



22. If you press the 'Save Only' button, you will see a 'Continue' link under the 'Action' column.



23. If you press the 'Submit' button, you will be brought to the 'confirmation of application receipt' page. Click the 'return to the homepage' button to go back to the homepage.



24. You will now see a 'View' link in the 'Action' column. You can select this link to view your submitted application. You can no longer edit this application.

