Patient Access & Independent Education

AbbVie Grant Management System

Grant Submission Documents Guide

Effective June 2024
## 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 better understanding of after attending this program?
- **Plan to Evaluate** – A detailed description of how you plan to measure the program's 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.

## 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 better understanding of after attending this program?
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  - 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)
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### 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.

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Questions? Please call AbbVie Global Grants and Charitable Donations Department at 1-877-228-7177 or email: abbviegrants@abbvie.com
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

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