MSD GRANT PORTAL TECHNICAL USER GUIDE

This guide will help you complete your proposal. Please read and follow the directions, so you can submit your proposal correctly. **NOTE:** Applications which are incomplete, or contain errors will be sent back to you for correction, and will result in delays to the review process, which may affect your ability to receive possible funding.

This technical guide is broken up into three primary sections:

1. **Initial Account Creation** - How to create a new account and login

2. **Getting Started** - How to create a new proposal

3. **Submitting a Proposal –** Step by step instructions on submission, including how to return later to edit and submit proposals

For any technical support questions or password resets, please contact: msdsbigrants@benevity.com

To begin, please visit http://msdgiving.com

MSD
INVENTING FOR LIFE

Welcome to the Office of Social Business Innovation (OSBI) and our company's Foundation Grant Portal

Philanthropy is critical to helping us to fulfill our company's commitment to improving access to health around the globe. We are working to support sustainable solutions to key global health challenges and to strengthen communities where our employees live and work.

The Office of Social Business Innovation (OSBI) and our company's Foundation provide funds to support eligible 501(c)(3) or other nonprofit organizations, both inside and outside the United States, for philanthropic purposes related to health and community-based charitable programs.

Before registering or starting your application, please review our Grant Application Guidelines to determine if your request is eligible for funding consideration. Please also view our Grant Submission Instructions to obtain important information which will aid in completing your application.

Please Note:
- OSBI does not accept unsolicited proposals - requests are by invitation only.

- Submission of an application does not guarantee funding.

- We do not typically provide support for conferences or sponsorships.

- OSBI does not accept requests from organizations who have been invited to apply via the Medical Affairs teams. Organizations who have been invited to apply via Merck Research Labs (MRL) or Patient Advocacy (PA) representatives should apply via the MRL portal or PA portal.

Opportunities to Connect with Merck

Submissions for proposal acceptance are now closed for 2024 for our signature programs Merck for Mothers and Solutions for Healthy Communities. Please check back in early 2025 when eligibility requirements and program guidelines will be posted for these programs.

To Apply (Invited Applicants)

Please note for both US and global programs, requests must be submitted **twelve (12) weeks** prior to program or event start date in order to allow for sufficient lead time.

Proposals are accepted starting **February 1st**, with the last guaranteed submission date for grant review/processing/funding being **October 1st** of the current year.

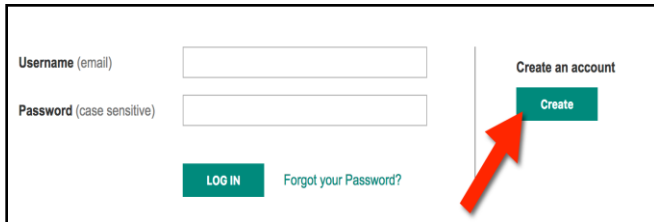|		
Username (email)		**Create an account**
Password (case sensitive)	👁	**Create**
	LOG IN Forgot your Password?	

Login to your account, or if a first-time applicant,
create an account (see next page).

*If your organization has an existing account, but the account holder has left the organization,
please contact msdsbigrants@benevity.com to request the removal of the current user
and the addition of the new one. **NOTE:** You will need to provide the email addresses of both parties.
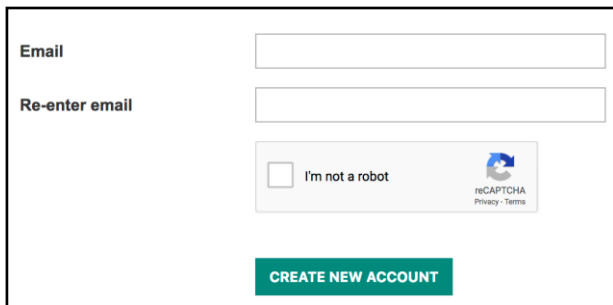
Initial Account Creation
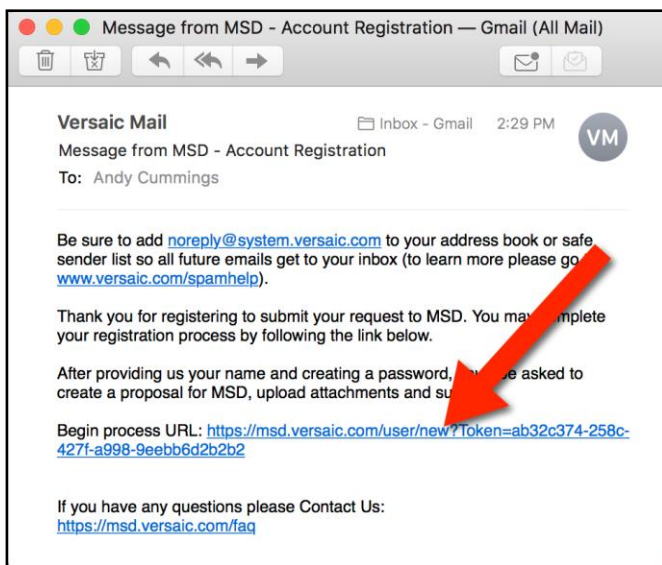
Creating a New Account

1. Click "Create" in the "Create an account" section to the right on the first page.
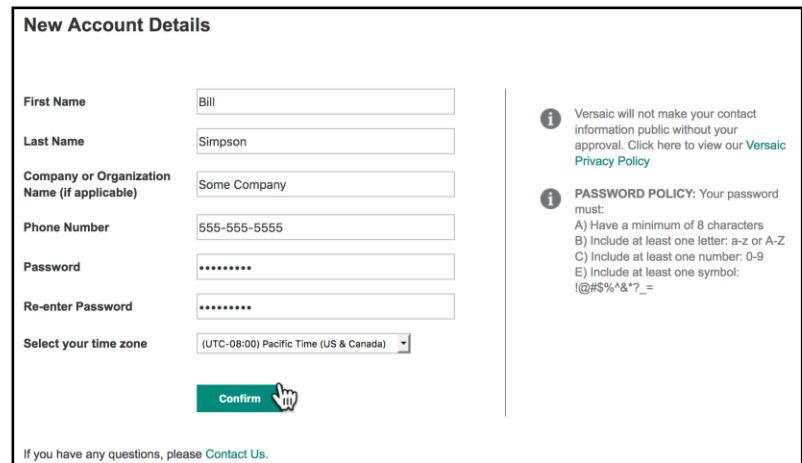

2. Enter your email address twice and check the "not a robot" box, and click "Create New Account"…
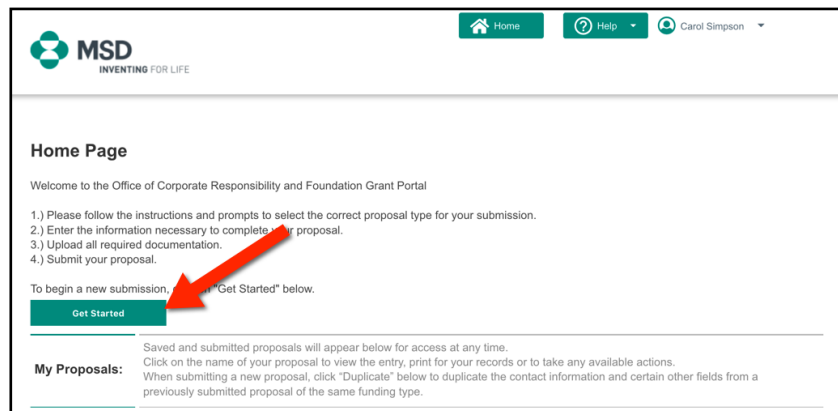

3. An email will be sent to your email to complete the account registration. Click the link in the email provided.

4. You will be asked for some basic information, and to create a new password (please note the "Password Policy" to the right.
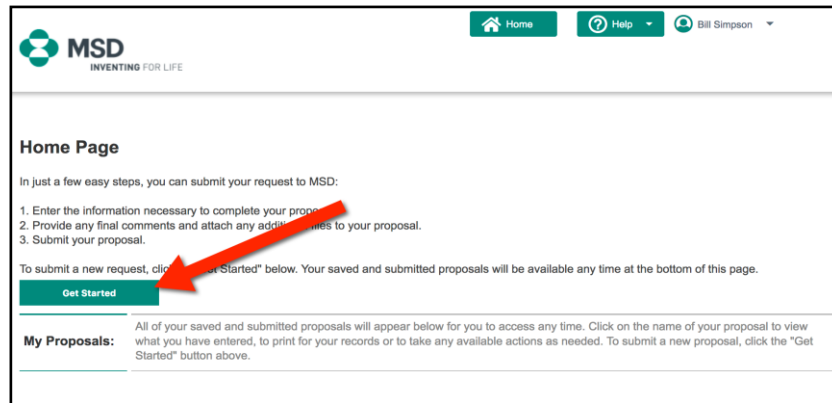

5. Once complete you will be logged in to your Home page with your newly created account. You can now click "Get Started" to create your first Grant Proposal.

You will be able to return to the system and log in with your username (which is your email) and the password you created, at any time.

Getting Started

To submit a new Proposal, log in to the grant portal and click
"Get Started" to begin…

Select either "I have been provided a submission code for my request" or "I have been invited to apply by a contact at MSD." If neither apply, select the third option and click "Next", to be brought to the application:

If asked to select an application type, select the appropriate type, and click "Next."

Submitting a Proposal

1. You will be brought to the first page of the application. Review and agree to the policies and terms, in order to continue.

2. Enter details about your organization. **NOTE:** All information needs to be provided in the English language.

3. Select Tax Status, and upload your 501c3 letter from the IRS (for US organizations) or your international tax letter (for Ex-US organizations). **NOTE:** The tax letter should list your Tax ID number.

Next, enter your Tax ID or EIN number.

*Tax Status

⦿ (USA) Non-Profit/Tax Exempt

◯ (USA) For Profit

*501c3 IRS Determination Letter (U.S. only)

Choose file

*Your organization's tax ID or EIN number:

TIP: Format: XX-XXXXXXX

4. Attach the latest W9 form (2024 version for US organizations) and W8 form (2023 version for Ex-US organizations). The forms must include the organization name and address, a tax number (for US organizations) or Part I, Question 6a **or** 6b answered (for Ex-US organizations) - and a wet or electronically verified signature and date. **NOTE:** Copy/pasted, blurry, or computer type-written signatures and dates will not be accepted - and the form must be submitted as **non-editable** PDF.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form,* below.

Form **W-8EXP**
(Rev. October 2023)

Department of the Treasury
Internal Revenue Service

**Certificate of Foreign Government or Other Foreign
Organization for United States Tax
Withholding and Reporting**

(For use by foreign governments, international organizations, foreign central banks of issue, foreign tax-exempt organizations, foreign private foundations, and governments of U.S. territories.)

Go to *www.irs.gov/FormW8EXP* for instructions and the latest information.
Section references are to the Internal Revenue Code.
Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

5. Enter banking information.

*Name of Bank

NOTE: Bank Name (above) and Address (below) must match the name and address stated in the Proof of Banking Information Documentation to be attached below.

*Bank Country
Select ▼

*Bank Address Line 1

Bank Address Line 2

Bank Address Line 3

*Bank City

*Bank Postal Code:

*Does the Account Holder name on the Bank Account differ from the Organization Legal Name specified above?
○ Yes, the Account Holder is different from the Organization Legal Name
○ No, the Account Holder is the same as the Organization Legal Name

*Please indicate which you will provide: Bank Account Number or IBAN Number for this Bank?
○ Bank Account Number
○ IBAN Number

*Bank Account Type
○ Checking
○ Saving

6. Attach proof of banking. If using a letter from the bank as verification, the letter from the bank needs to be **non-editable**, presented on official bank letterhead, and signed by a bank representative. **NOTE:** Bank information which is presented on "organization" letterhead will not be accepted.

*Bank Account Type
○ Checking
○ Saving

*Attach Proof of Banking Information Documentation.
Attach one of the following documents:

1. A voided check for the account where funds will be deposited.
2. A signed PDF letter from the banking institution on their letterhead which must contain the following information that matches the account where funds will be deposited:
   - Bank Name,
   - Bank Address,
   - Bank Country,
   - Bank Account Number and Bank Identifier Number (i.e., Routing/Transit/Sort/ABA# –OR– IBAN# and SWIFT code),
   - Account Holder Name.

Choose file...

| << Back | Next >> | | Save | Save & Close | | Submit | Cancel |

7. Enter Primary Contact, Authorized Signer, and highest ranking individual. Click "Next."

Primary Contact Information:

*Contact: Salutation

○ Dr.   ○ Mrs.
○ Mr.   ○ Ms.

*Contact: First Name

*Contact: Middle Name

☐ No middle name

*Contact: Last Name (Surname)

*Contact: Job Title

*Contact: Phone Number

*Contact: Email Address

Name of the person authorized to sign any legal agreements associated with this grant, if approved:

*Salutation - Authorized Signer

○ Dr.   ○ Mrs.
○ Mr.   ○ Ms.

*First Name - Authorized Signer

*Middle Name - Authorized Signer

☐ No middle name

*Last Name (Surname) - Authorized Signer

*Job Title - Authorized Signer

*Phone Number - Authorized Signer

*Email Address - Authorized Signer
(Please provide the direct email address of this individual such as john.smith@companyname.com. If there is no official email domain for this organization, please provide explanation in next field.)

If there is no official organization domain for the above email, please provide explanation.

Name of the highest ranking individual (e.g., President, CEO, Chair) of your organization:

*First Name - Highest Ranking Individual

*Middle Name - Highest Ranking Individual

☐ No middle name

*Last Name (Surname) - Highest Ranking Individual

*Job Title - Highest Ranking Individual

8. Enter program information. If working with a contact at our company, select "Yes" to open a dialog box. Then enter the name of the individual.

(OCR) Charitable Program

1 General Info   2 Program Overview   3 Global Org Info   >   4 Attachments   >

Program Overview

*Program/Event/Activity Title

*Program Director Name

*Program Director Email

*Are you working with a contact at our company in regard to this request?
◯ Yes

*Organization Mission Statement

*Program/Event/Activity Description

*Briefly Describe The Population To Be Served

*Describe Expected Outcome

*Describe How Your Organization Will Measure Success

*Is this funding being provided to support an event where an elected or appointed federal or state government official will be honored or receive an award?

○ Yes

○ No

*Is this funding being provided to support an organization or event that is named for or controlled by an elected or appointed federal or state government official?

○ Yes

○ No

*Is this funding being provided to support a Presidential Library foundation or an official Inaugural Committee event?

○ Yes

○ No

*Start Date

[   ] 🗓

*End Date

[   ] 🗓

In the field provided below, please include details for each location that is benefiting from the program. **Please include only up to the 5 primary locations.**

Location(s):

	*Country	City/County/Town	*State/Province/Region
1	Select ▾		Select ▾

+ -

9. Enter information regarding the requested amount, total program costs, total annual operating budget, number of years for the grant to be paid out, and anticipated amount from other supporters. Click "Next" to continue.

*Requested Amount

Enter in USD. Do not enter "$".

[   ]

*Total Program/Event/Activity Costs

Enter in USD. Do not enter "$".

[   ]

*Total Annual Budget For Your Organization

Enter in USD. Do not enter "$".

[   ]

*Number of years in which grant will be paid out

[1   ]

*Anticipated Amount From Supporters Other than our company

Enter in USD. Do not enter "$".

[   ]

| << Back | Next >> | | Save | Save & Close | | Submit | Cancel |

10. Last, upload all required attachments. Please ensure that all documents are complete. **NOTE:** The **Board of Trustees** list must contain company affiliations for **each** board member. If the member is retired, please list the company from which they retired. If the board member does not work for a company, please list a descriptor, such as "homemaker," "philanthropist," etc. to identify their affiliation.

11. Once all documents are uploaded, click "Submit" to submit your proposal (once submitted, it cannot be edited) or "Save" to save your work and stay on this page. Click "Save & Close" to save, and return to your proposal later.

Attachments

*Proposal (include requested amount in U.S. Dollars)
[Choose file...]

*Line-item budget - requested program total budget
[Choose file...]

*Most recently audited financial statement
[Choose file...]

*Annual Operating Budget
[Choose file...]

*Current Board of Trustees list with affiliations
[Choose file...]

Prior year Progress Report (if applicable)
[Choose file...]

Additional Document(s)
[Choose file...]

Click "**Submit**" below to submit your proposal (once submitted, it cannot be edited). Click "**Save**" to save your work and stay on this page. Click "**Save & Close**" to save and return to your proposal later.

To view your proposal before submitting, click here (opens in new window). If you need to make any changes, you can click "**Back**" to go back to previous pages.

| << Back | Next >> | | Save | Save & Close | | Submit | Cancel |

If you have started a proposal, but have not submitted it…

It will show up on your Home Page like you see below (with the status "Not Completed"). Click on the Proposal Name to view and continue to edit your proposal.

Your proposal will open in a new browser window/tab and you can review your work. To continue, mouse over "Required Actions" at the top and click "Continue/Edit Proposal" — you will be brought to the first page where you can continue and submit once ready.