

GIIG & FOUNDATION 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 delay the review process. This may affect your ability to receive 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** – Instructions for submission, including how to return later to edit and submit proposals

For technical support or password resets, please contact: grants@benevity.com

To update the name and email on an existing account, please:

Create a new account

Email giigops@merck.com and provide:

- The name and email address which you have just created (to add to the account)
- The name and email address currently on the account (to be removed)
- The Grant ID number/s for the proposal/s you wish to access

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

Welcome to the Grant Portal for Global Impact Investing & Giving (GIIG) and the Merck Foundation

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.

Please note that we do not accept unsolicited proposals and that requests are by invitation only.

If you have been invited to apply via a Merck contact, please review our [Grant Application Guidelines](#) to ensure that your request is eligible for funding consideration. Also, please view our [Grant Submission Instructions](#) to obtain important information, which will aid in the completion of your application.

Please note that submission of an application does not guarantee funding.

Also, note that GIIG and the Merck Foundation do not accept requests from organizations who have been invited to apply via the Merck Medical Affairs or Public Policy teams, and that requests for the Merck Medical Affairs or Public Policy teams which are submitted via this portal and this page, **will be declined**. If you would like to apply for a Merck Research Labs (MRL), Patient Advocacy (PA), or Public Policy (PP) grant instead of a GIIG or Merck Foundation grant, please visit the [MSD Grant Portal](#) to obtain information and submit your request.

**Invited Applicants for
GIIG and Merck Foundation grants may:**

Submit requests **twelve (12) weeks** prior to program or event start date (note that proposals submitted more than twelve (12) weeks in advance will not be reviewed early.)

Submit your proposal between **February 1st - October 1st**.

Username (email)

Create an account

Password (case sensitive)

[Create](#)

[LOG IN](#)

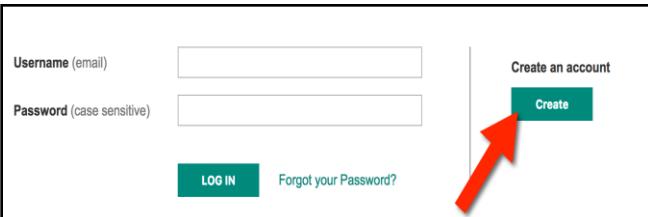
[Forgot your Password?](#)

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

Initial Account Creation

Creating a New Account

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



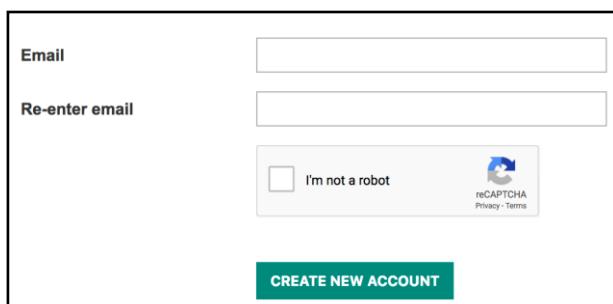
Username (email)

Password (case sensitive)

LOG IN [Forgot your Password?](#)

Create an account **Create**

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



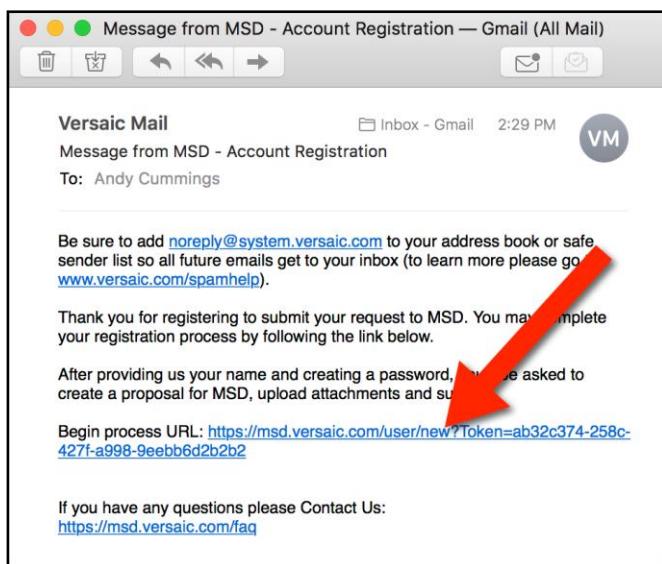
Email

Re-enter email

I'm not a robot reCAPTCHA
Privacy - Terms

CREATE NEW ACCOUNT

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



Message from MSD - Account Registration — Gmail (All Mail)

Versaic Mail Inbox - Gmail 2:29 PM

Message from MSD - Account Registration

To: Andy Cummings

Be sure to add noreply@system.versaic.com to your address book or safe sender list so all future emails get to your inbox (to learn more please go to www.versaic.com/spamhelp).

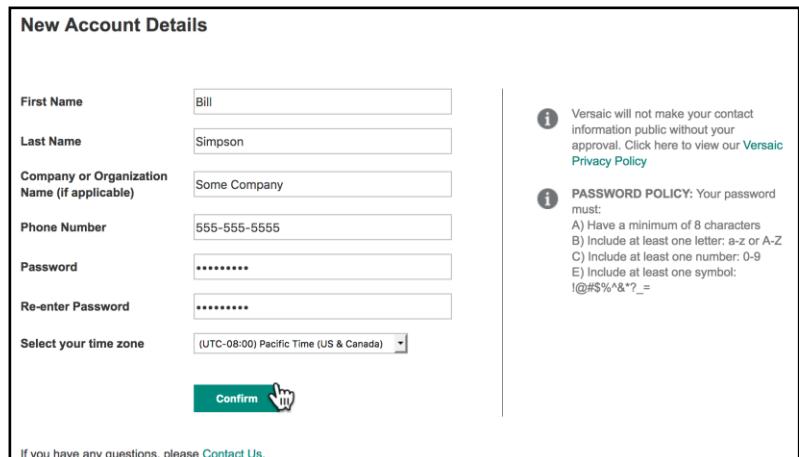
Thank you for registering to submit your request to MSD. You may complete your registration process by following the link below.

After providing us your name and creating a password, you will be asked to create a proposal for MSD, upload attachments and submit it.

Begin process URL: <https://msd.versaic.com/user/new?Token=ab32c374-258c-427f-a998-9e6bb6d2b2b2>

If you have any questions please Contact Us: <https://msd.versaic.com/faq>

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



New Account Details

First Name

Last Name

Company or Organization Name (if applicable)

Phone Number

Password

Re-enter Password

Select your time zone

Confirm

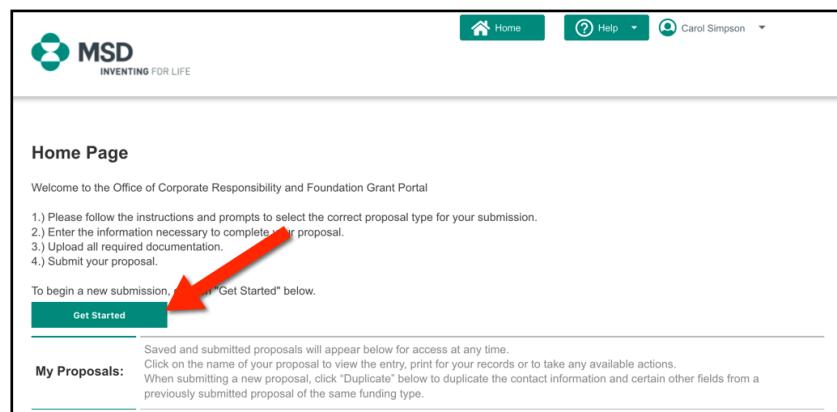
versaic will not make your contact information public without your approval. Click here to view our [Versaic Privacy Policy](#)

PASSWORD POLICY: Your password must:

A) Have a minimum of 8 characters
B) Include at least one letter: a-z or A-Z
C) Include at least one number: 0-9
D) Include at least one symbol: !@#\$%^&?_=

If you have any questions, please [Contact Us](#).

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.



MSD INVENTING FOR LIFE

Home Page

Welcome to the Office of Corporate Responsibility and Foundation Grant Portal

1.) Please follow the instructions and prompts to select the correct proposal type for your submission.
2.) Enter the information necessary to complete your proposal.
3.) Upload all required documentation.
4.) Submit your proposal.

To begin a new submission, click "Get Started" below.

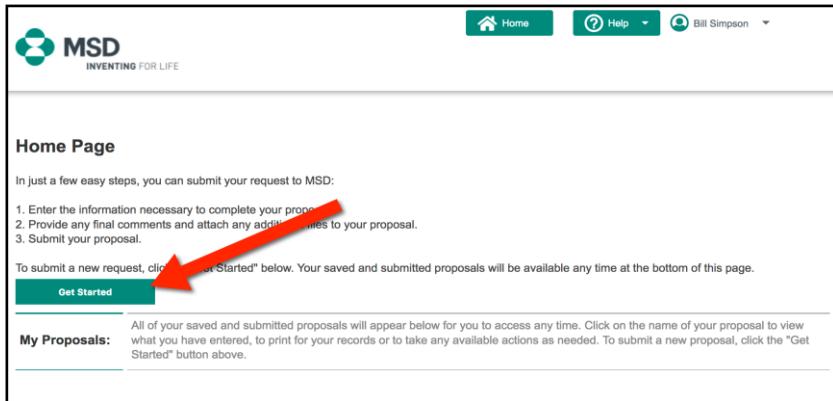
Get Started

Saved and submitted proposals will appear below for access at any time.
Click on the name of your proposal to view the entry, print for your records or to take any available actions.
When submitting a new proposal, click "Duplicate" below to duplicate the contact information and certain other fields from a previously submitted proposal of the same funding type.

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:

Two side-by-side screenshots of the MSD Grant Portal. Both screenshots show a question: "*Have you been invited to submit an application or provided a submission code?".
Left screenshot: The first option, "I have been provided a submission code for my request", is selected (radio button is filled).
Right screenshot: The second option, "I have been invited to apply by a contact at MSD", is selected (radio button is filled).
Both screenshots have two buttons at the bottom: "<< Back" and "Next >>".

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

Select Type

*Select Funding Type

Please select the type of funding that most closely aligns with your grant proposal. After selection, review the guidelines and description to confirm it is the right type before continuing.

- Charitable Program
- Fundraisers and Events

["><< Back](#)

[Next >>](#)

[Cancel](#)

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.

(SIS) Charitable Program

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

General Info

*Grant ID

SIS-25-4085

*Please read the following Privacy Policies and Terms of Use carefully. It is important that you agree to these terms in order for you to proceed with the funding request

- Privacy Policies: <http://www.msd.com/privacy/>
- Terms of Use: <http://www.merck.com/policy/terms-of-use/home.html>

I Agree

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

<p>Organization (Payee) Information</p> <p>The organization and banking information entered below must pertain to the organization that will receive the requested funds should this request be approved by our company.</p> <p>TIP: You will be asked to attach proof of Banking Information documentation. The W9 or W8 form must be signed and dated (2018 is the earliest date that will be accepted). Please note that the signature must be a wet signature, or an electronically verified signature. Copy/pasted signatures or signatures that are typed are not accepted. Please upload the file as a "non-editable" PDF (protected or scanned). If you make any subsequent changes to the fields below which differ from information in the proof of Banking Information documentation provided, please be sure to update the proof of Banking Information documentation attached below.</p> <p>*Organization Legal Name</p> <p><input type="text"/></p> <p>TIP: Organization Legal Name above must match the name stated in Box 1 of the W8/W9 form to be attached below.</p> <p>*Organization Country:</p> <p><input type="text" value="United States of America (The)"/></p> <p>*Organization Address (Line 1):</p> <p><input type="text"/></p> <p>Organization Address (Line 2):</p> <p><input type="text"/></p> <p>Organization Address (Line 3):</p> <p><input type="text"/></p> <p>*Organization City:</p> <p><input type="text"/></p>

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

Enter your Tax ID or EIN number.

<p>*Tax Status</p> <p><input checked="" type="radio"/> (USA) Non-Profit/Tax Exempt <input type="radio"/> (USA) For Profit</p>
<p>*501c3 IRS Determination Letter (U.S. only)</p> <p><input type="button" value="Choose file"/></p>
<p>*Your organization's tax ID or EIN number:</p> <p><i>TIP: Format: XX-XXXXXXX</i></p> <p><input type="text"/></p>

4. Attach the latest W9 form (2024 version for US organizations) and W8 form (2021 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.** Further, the form must be submitted as **non-editable PDF**.

<p>W-9 Form (Rev. March 2024) Department of the Treasury Internal Revenue Service</p>	<p>Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	<p>Give form to the requester. Do not send to the IRS.</p>
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<p>W-8BEN-E (Rev. October 2021) Department of the Treasury Internal Revenue Service</p>	<p>Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) ► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code. ► Go to www.irs.gov/FormW8BENE for instructions and the latest information. ► Give this form to the withholding agent or payer. Do not send to the IRS.</p>	<p>OMB No. 1545-1621</p>
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5. Enter bank information.

<p>*Name of Bank <input type="text"/></p> <p>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.</p> <p>*Bank Country <input type="text" value="Select"/></p> <p>*Bank Address Line 1 <input type="text"/></p> <p>Bank Address Line 2 <input type="text"/></p> <p>Bank Address Line 3 <input type="text"/></p> <p>*Bank City <input type="text"/></p> <p>*Bank Postal Code: <input type="text"/></p> <p>*Does the Account Holder name on the Bank Account differ from the Organization Legal Name specified above?</p> <p><input type="radio"/> Yes, the Account Holder is different from the Organization Legal Name <input type="radio"/> No, the Account Holder is the same as the Organization Legal Name</p> <p>*Please indicate which you will provide: Bank Account Number or IBAN Number for this Bank?</p> <p><input type="radio"/> Bank Account Number <input type="radio"/> IBAN Number</p> <p>*Bank Account Type</p> <p><input type="radio"/> Checking <input type="radio"/> Saving</p>
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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 presented on “organization” letterhead will not be accepted.**

<p>*Bank Account Type</p> <p><input type="radio"/> Checking <input type="radio"/> Saving</p> <p>*Attach Proof of Banking Information Documentation.</p> <p>Attach one of the following documents:</p> <p>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:</p> <ul style="list-style-type: none"><input type="radio"/> Bank Name,<input type="radio"/> Bank Address,<input type="radio"/> Bank Country,<input type="radio"/> Bank Account Number and Bank Identifier Number (i.e., Routing/Transit/Sort/ABA# –OR– IBAN# and SWIFT code),<input type="radio"/> Account Holder Name. <p><input type="button" value="Choose file..."/></p>

<input type="button" value="<< Back"/>	<input type="button" value="Next >>"/>	<input type="button" value="Save"/>	<input type="button" value="Save & Close"/>	<input type="button" value="Submit"/>	<input type="button" value="Cancel"/>
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7. Enter Primary Contact, Authorized Signer, and Highest Ranking individual. Click “Next.”

Primary Contact Information:	Name of the person authorized to sign any legal agreements associated with this grant, if approved:
*Contact: Salutation <input checked="" type="radio"/> Dr. <input type="radio"/> Mrs. <input checked="" type="radio"/> Mr. <input type="radio"/> Ms.	*Salutation - Authorized Signer <input checked="" type="radio"/> Dr. <input type="radio"/> Mrs. <input checked="" type="radio"/> Mr. <input type="radio"/> Ms.
*Contact: First Name <input type="text"/>	*First Name - Authorized Signer <input type="text"/>
*Contact: Middle Name <input type="text"/> <input type="checkbox"/> No middle name	*Middle Name - Authorized Signer <input type="text"/> <input type="checkbox"/> No middle name
*Contact: Last Name (Surname) <input type="text"/>	*Last Name (Surname) - Authorized Signer <input type="text"/>
*Contact: Job Title <input type="text"/>	*Job Title - Authorized Signer <input type="text"/>
*Contact: Phone Number <input type="text"/>	*Phone Number - Authorized Signer <input type="text"/>
*Contact: Email Address <input type="text"/>	*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.) <input type="text"/> If there is no official organization domain for the above email, please provide explanation. <input type="text"/>

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

*First Name - Highest Ranking Individual <input type="text"/>
*Middle Name - Highest Ranking Individual <input type="text"/> <input type="checkbox"/> No middle name
*Last Name (Surname) - Highest Ranking Individual <input type="text"/>
*Job Title - Highest Ranking Individual <input type="text"/>

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.

(SIS) 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
- No

***Organization Mission Statement**

0

***Program/Event/Activity Description**

0

***Briefly describe the population to be served**

***Does your program serve a particular population or populations?**

Yes No

***Describe expected outcome**

0

***Describe how your organization will measure success**

0

***Please share the anticipated # of people reached through your project or program**

Number (#) of people reached is defined as:

The number of unique individuals enrolled or participating, or receiving services through your project in this calendar year. Individuals enrolled or participating in Company or Foundation-funded programs to improve equitable access to health care and address barriers to care. This figure may include individuals enrolled, participating, or receiving services through multiple activities/interventions in your program - such as individuals receiving patient navigation, care coordination, care management or survivorship services; individuals participating in wellness services (e.g., nutrition, physical activity, counseling); individuals participating in disease prevention and management education.

***Please share the anticipated # of healthcare workers trained through your project or program**

Number (#) of healthcare workers trained is defined as:

The Number of health workers or health care providers trained in your project in this calendar year. These individuals may include physicians, nurses, allied health professionals, patient navigators, care coordinators, community health workers, case managers, disease educators, medical interns and students, and other medical or public health professionals.

***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**

***TIP:** 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) Served

*Country	City/County/Town	*State/Province/Region	Estimated Percentage (%)
1 <input type="text" value="Select"/> 	<input type="text"/>	Select 	<input type="text"/>
<input type="button" value="+"/> <input type="button" value="-"/>			

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.

<p>*Requested Amount Enter in USD. Do not enter "\$".</p> <input type="text"/>
<p>*Total Program/Event/Activity Costs Enter in USD. Do not enter "\$".</p> <input type="text"/>
<p>*Total Annual Budget For Your Organization Enter in USD. Do not enter "\$".</p> <input type="text"/>
<p>*Number of years in which grant will be paid out 1</p> <input type="text"/>
<p>*Anticipated Amount From Supporters Other than our company Enter in USD. Do not enter "\$".</p> <input type="text"/>

[<< Back](#) [Next >>](#) [Save](#) [Save & Close](#) [Submit](#) [Cancel](#)

10. 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.
- If you have received previous “program” funding from GIIG, please upload the last **Interim or Final Report** that you have submitted to us for your funded grant. Please upload to the **Prior year Progress Report** section.
- If you are requested to upload an **Invitation**, please provide an event flyer, save-the-date-card, or other marketing material, announcing the event. Please do not include a letter, inviting Merck or MSD to support the event.

Attachments

Proposal (include requested amount in U.S. Dollars)	blank.pdf
Line-item budget - requested program total budget	blank.pdf
Most recently audited financial statement	blank.pdf
Annual Operating Budget	blank.pdf
Current Board of Trustees list with affiliations	blank.pdf
Prior year Progress Report (if applicable)	blank.pdf
Additional Document(s)	blank.pdf

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.

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.

Home Page

Welcome to the Office of Corporate Responsibility and Foundation Grant Portal

1.) Please follow the instructions and prompts to select the correct proposal type for your submission.
2.) Enter the information necessary to complete your proposal.
3.) Upload all required documentation.
4.) Submit your proposal.

To begin a new submission, click on "Get Started" below.

Get Started

My Proposals:

Saved and submitted proposals will appear below for access at any time.
Click on the name of your proposal to view the entry, print for your records or to take any available actions.
When submitting a new proposal, click "Duplicate" below to duplicate the contact information and certain other fields from a previously submitted proposal of the same funding type.

Proposal Name	Type	Grant ID	Start Date	End Date	Status	Date Created	
A Test Grant Proposal 	(OCR) Charitable Program	CCO-18-1006			Not Completed	10/31/2018	Delete

1 of 1 (1 items)

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.

[View Email History](#) [Print](#) **Required Actions** 

A Test Grant Proposal

You can review your answers below. If additional actions are required, you will see a “Required Actions” button above. Please use the Print button above.

Status: Not Completed
Date:

Charitable Program Contributions/Donations

General Info

Grant ID	CCO-18-1006
Please read the following Privacy Policies and Terms of Use carefully. It is important that you agree to these terms in order for you to proceed with the funding request.	
Organization Legal Name	Tuskegee University - Research Division
Organization Country:	U.S.A.
Organization Address (Line 1):	7815 Woodmont Ave