

# 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.**

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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: [grants@benevity.com](mailto:grants@benevity.com)

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

## Welcome to Social Impact and Sustainability and the Merck 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 Social Impact and Sustainability office (SIS) 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:

- SIS and the Foundation do 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.
- SIS and the Foundation do **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](#). Note: Medical Affairs requests which are submitted through the SIS portal will be declined.

### Opportunities to Connect

Open Submissions for our Solutions for Healthy Communities are now being accepted, until February 28, 2025. Please view [guidelines](#), to determine if your organization is eligible to apply.

#### To Apply (Invited Applicants)

Please note, that requests must be submitted **twelve (12) weeks** prior to program or event start date in order to allow for sufficient review time.

Proposals are accepted starting **February 1st** for fundraisers/events and **February 15th** for charitable programs, with the last guaranteed submission date for grant review/processing/funding being **October 1st** of the current year.

Username (email)	<input type="text"/>	<b>Create an account</b> <input type="button" value="Create"/>
Password (case sensitive)	<input type="password"/>	
<input type="button" value="LOG IN"/>	<a href="#">Forgot your Password?</a>	

Merck & Co., Inc. (Rahway, NJ, USA), operates as MSD outside of the U.S. and Canada

For technical assistance please [click here](#)

*NOTE: This is a Restricted System and must only be accessed by authorized users. Unauthorized users attempting to gain access are subject to prosecution.*

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

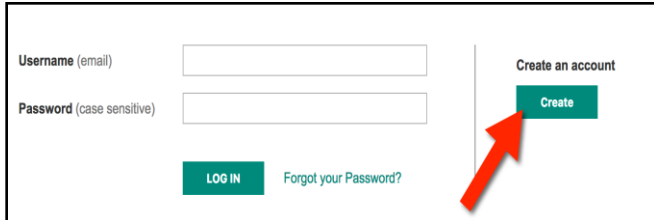
\*If your organization has an existing account, but the account holder has left the organization, please contact [giigops@merck.com](mailto:giigops@merck.com) to request the removal of the current user and the addition of the new one.

**NOTE:** You will need to provide the email addresses of both parties.

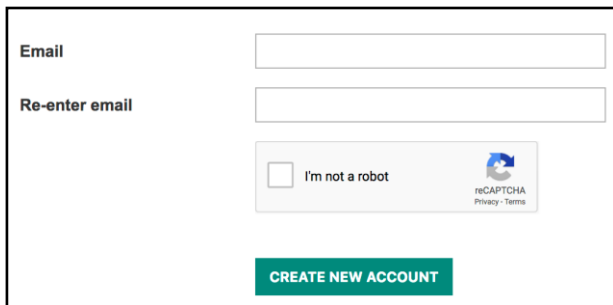
# Initial Account Creation

## Creating a New Account

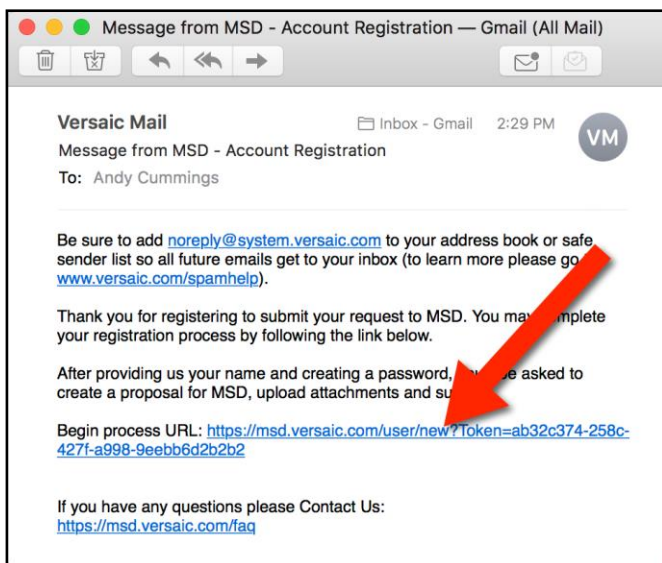
1. Click “Create” in the “Create an account” section to the right on the first page.



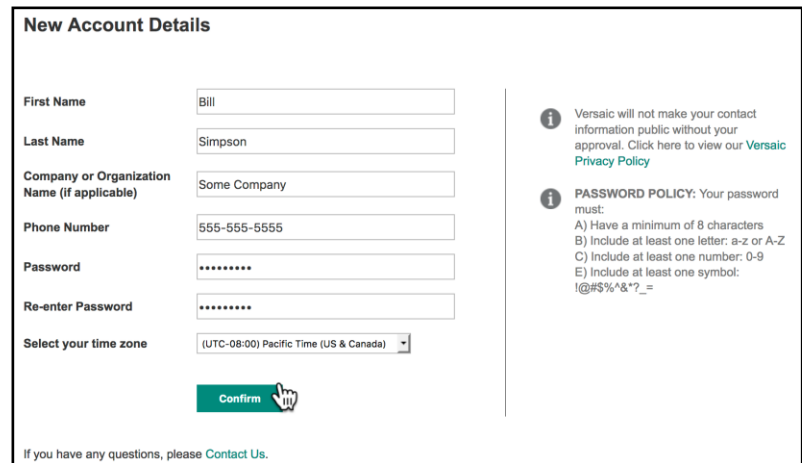
2. Enter your email address twice and check the “not a robot” box, and click “Create New Account”...



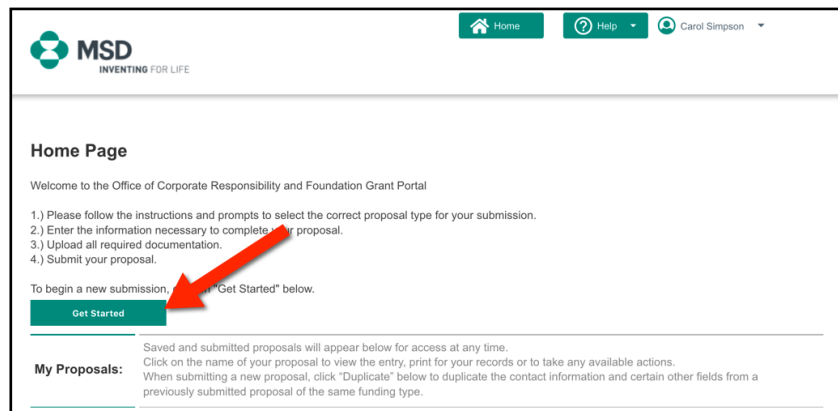
3. An email will be sent to your email to complete the account registration. Click the link in the email provided.



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



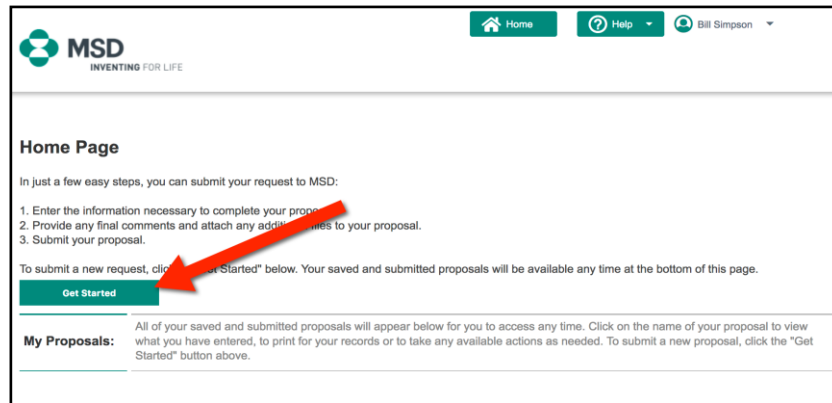
5. Once complete you will be logged in to your Home page with your newly created account. You can now click “Get Started” to create your first Grant Proposal.



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:

The screenshot shows the MSD Grant Portal application type selection screen. The heading is 'MSD Grant Portal'. The question is '\*Have you been invited to submit an application or provided a submission code?'. There are three radio button options: 'I have been provided a submission code for my request' (selected), 'I have been invited to apply by a contact at MSD', and 'I am submitting a new grant without any of the above'. At the bottom, there are two buttons: '<< Back' and 'Next >>'.

The screenshot shows the MSD Grant Portal application type selection screen. The heading is 'MSD Grant Portal'. The question is '\*Have you been invited to submit an application or provided a submission code?'. There are three radio button options: 'I have been provided a submission code for my request', 'I have been invited to apply by a contact at MSD' (selected), and 'I am submitting a new grant without any of the above'. At the bottom, there are two buttons: '<< 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 the English language.**

#### Organization (Payee) Information

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.

**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.

**\*Organization Legal Name**

**TIP:** Organization Legal Name above must match the name stated in Box 1 of the W8/W9 form to be attached below.

**\*Organization Country:**

United States of America (The) ▼

**\*Organization Address (Line 1):**

**Organization Address (Line 2):**

**Organization Address (Line 3):**

**\*Organization City:**

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)**

**\*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 (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 - 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](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Form **W-8BEN-E**  
(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**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](http://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.

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**

**\*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:
  - o Bank Name,
  - o Bank Address,
  - o Bank Country,
  - o Bank Account Number and Bank Identifier Number (i.e., Routing/Transit/Sort/ABA# –OR– IBAN# and SWIFT code),
  - o Account Holder Name.

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.

## (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	Select		Select	
	<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.

**\*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**

**\*Anticipated Amount From Supporters Other than our company**  
Enter in USD. Do not enter "\$".

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)**

**\*Line-item budget - requested program total budget**

**\*Most recently audited financial statement**

**\*Annual Operating Budget**

**\*Current Board of Trustees list with affiliations**

**Prior year Progress Report (if applicable)**

**Additional Document(s)**

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.

## 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

**Notifications**  
You have a saved but not completed submission "A Test Grant Proposal". Click on the name from the list below to complete.

- 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 href="#">A Test Grant Proposal</a>	(OCR) Charitable Program	CCO-18-1006			Not Completed	10/31/2018	<a href="#">Delete</a>

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](#)

[Continue/Edit Proposal](#)

## 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

<b>Grant ID</b>	CCO-18-1006
<b>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.</b>	I Agree
<b>Organization Legal Name</b>	Tuskegee University - Research Division
<b>Organization Country:</b>	U.S.A.
<b>Organization Address (Line 1):</b>	7815 Woodmont Ave