

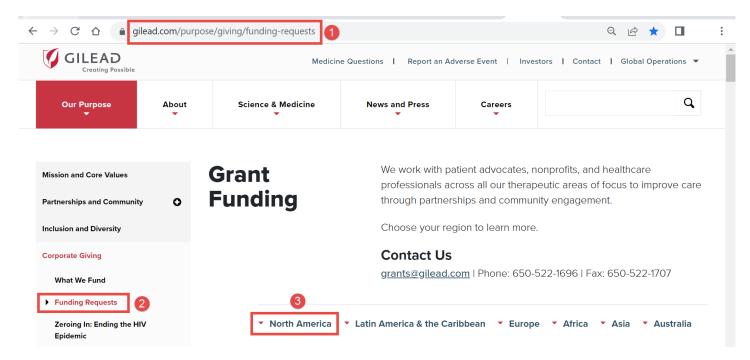
APPLICANT USER GUIDE

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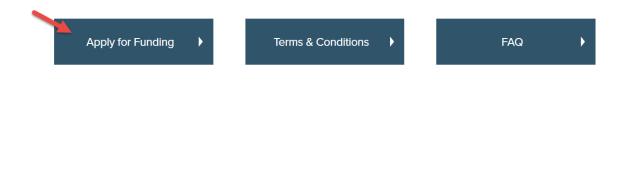
Registering for Access

Open a web browser* and navigate to Gilead website <u>https://www.gilead.com/purpose/giving/grant-funding.</u> On the webpage, please select **Funding Requests** from the left panel and select the headings for Geographic Locations as illustrated below and select the location of your organization. Here, we select **North America**.



*Note: Microsoft Edge, Google Chrome, Safari and Firefox are the preferred browsers. Please reference **Browser Settings** at the end of this guide for pop-up windows guidance.

Upon selection of your Geographic Location, you will be directed to the appropriate section where you can register for access. Click on **Apply for Funding**.





After reviewing the grant application requirements, scroll down to the bottom of the page, where you may register as a New User by clicking on **Create Account.**

	n carefully before submitting it, as er submission. We will send you a ving your application.
New users:	Registered users:
If your organization has not previously applied for a Corporate Grant, please begin by reading the Grant Application Process.	Email address: Username Password:
NOTE: This is a U.S. hosted website.	Password Login Forgot Username and password?

Selecting Create Account opens a new page, New User Registration. There are four sections on the Registration form: Organization Details, Applicant Details, Password and Privacy Consent.

New User Re	egistration	简 🕷 🔛 💶 💶 💶 💶 🔳
Organization	Details	
	you select a different language preferenc k your language preference first before er	e, then the form below will be cleared out when the page refreshes. Please Itering details into the form below.
What is your Organ	ization's Country of Incorporation?*	9 •
Password		
	Your password must contain at least 8 cl one number and one symbol.	haracters and include at least one uppercase character, one lowercase character,
		A You have 4 incomplete
		s
onBook Inc	2022. All Rights Reserved. Cont	idential

5. Review and Finalize Your Application

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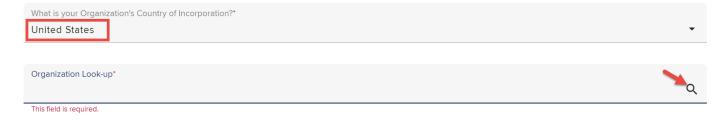
Please Note: All the fields marked with **red outlines/asterisk/exclamation marks** indicate required fields. You will not be able to save the record if one of the required fields is not completed.

The portal has many languages on the top of the **New User Registration** Form. Click the **national flag** button, if you prefer to work on registration in your native language.



The first question you will see on the **New User Registration** form will be, "**What is your Organization's Country of Incorporation?**". You can type the name of your country, or you can click on the **arrow** button and select it from the drop-down list. Based on the country of selection, the questions you need to answer will vary accordingly.

If the country name is filled in with **United States**, there would be another required field **Organization Look-up** populating for you. Click the **magnifying glass** button to select your Organization.





You will be taken to another page. In the **Tax ID Number** field, enter the Tax ID of your organization to see if your organization exists in the portal. If you can find your organization, click the row of the filtered result and you will be taken back to the New User Registration form. If you cannot find your organization, please select **NOT FOUND** at the bottom.

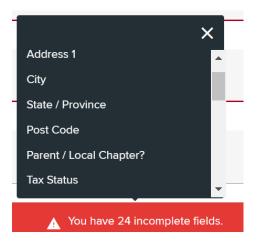
← Select			ତ
✓ Filters			
Tax ID Number			
Organization Legal Name	↑ Tax ID Number	City	State / Province
		Honolulu	Hawaii
4		Honolulu	Hawaii
I< < PAGE 20800 OF 20	800 > >I C	DISPLAYI	NG 2079901 - 2079959 OF 2079959 DISPLAY 100 -
			▲ NOT FOUND

When returning to the New User Registration page, you will see there are 24 incomplete fields. These are required information. Click the **white triangle** reminder.

	New User Registration	👼 🗶 🔛 💶 💶 💶 💌 🔤 🔳 🖾
C	Organization Look-up*	
١	Not Found	٩.
C	Organization Legal Name*	9
Т	his field is required.	
A	Address 1*	0
Т	This field is required.	
A	Address 2	
2		
		A You have 24 incomplete fields.
		SAVE



A floating black pop-out message box will list all the incomplete fields. Click on any of the labels and the page will jump to that field dynamically.



In the **Profile** section, set up the password for you to access the portal.

Password

	Your password must contain at least 8 characters and include at least one uppercase character, one lowercase character, one number and one symbol.					
Password*						
•••••						
Password (Confirm)*						
•••••						

Note: Your password must contain at least 8 characters and include at least one uppercase character, one lowercase character, one number and one symbol. **Please remember the password that you type.**



In the **Privacy Consent** section, check off the consent **box** as illustrated by an arrow below. Click on the **arrow** and select from the drop-down email options to be received. Upon entry of all required fields, select the **SAVE** button on the bottom right of the page to finish your application.

	New User Registration 👘 🕱 🔛 💶 💶 💶 💶	
	authonzea by Gneda.	
	The data that we collect from you, including name, full address, phone number (business and mobile) and email address, may be transfer to and stored or processed in the United States, a destination that may be outside of your country and outside of the European Economic Area. By submitting personal data, you agree to this transfer, storing or processing and confirm that you have the relevant rights and/or permissions to consent to such on behalf of anyone else whose personal data you have included in this questionnaire.	
	Gilead Sciences shall process your personal information in accordance with the Gilead Privacy Statement, available at http://www.gilead.com/privacy/privacy-statement.	
	I consent to the transferring, storing or processing of any personal information I have included in the questionnaire, and I confirm that I have the relevant rights and / or permissions to provide such personal information to Gilead.*	
[Do you wish to opt out of receiving emails from Gilead that are not directly related to your grant application(s)?*	

Upon selecting **SAVE**, you will receive a pop-up message indicating that your New User Registration will be sent shortly. Click **OK** on the message window.

Non-profit organizations: you will receive your log-in details shortly. For-profit education providers: you will receive your log-in information after an internal review process.

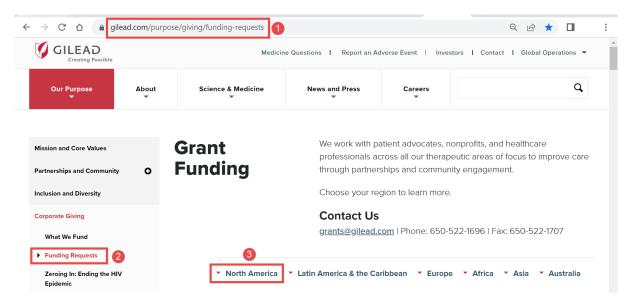


You will receive a separate email regarding your registration request. This email will include your username that you will use to log in to the Gilead Grant portal and submit a New Grant Request.



Logging In

To log in to your account, navigate to Gilead website <u>https://www.gilead.com/purpose/giving/grant-funding</u>. On the webpage, please find the headings for Geographic Locations and select the location of your organization. Here, we select **North America**.



Upon selecting **North America**, you will be directed to the appropriate webpage, and you need to scroll down to the bottom of the page to reach Point 5. Enter your **Email address** and **Password** and then click **Login**.

5. Review and Finalize Your Application

Please review your application carefully before submitting it, as changes cannot be made after submission. We will send you a confirmation email after receiving your application.

New users:	Registered users:
If your organization has not previously applied for a Corporate Grant, please begin by reading the Grant Application Process.	Email address: Username Password:
NOTE: This is a U.S. hosted website.	Password
Create Account	Login Forgot Username and password?



If you do not remember your password, click on the blue **Forgot Username and password?** link located under the green **Login** button and type in your email address that you used to register. Your information will be sent to your email address within 5 minutes.

Homepage

When you log in to your portal, you will see your homepage as illustrated below.

nerica			🔒 Home 🔋	Support 🔁 Log off	
to make submitting yo independently develop	Giving Portal is designed to strea our proposal as easy as possibl oed and conducted by a qualifie cally rigorous. Gilead will not exe	le. Gilead will consider supporti d third party. All programs must	ng programs that are be objective, fair and	New Grant Request	
For program questions	methods, materials or venue for th s not answered by viewing the Gi nts@gilead.com or imed@gilead.co	ilead website, please contact the		Giving Stories	
My Grant Requests				<u>+</u>	
Program / Project Start Date G	Grant ID Number Current	Grant Type Title	Amount Requested from Gilead	Amount Approved	
		There are no records to display.			

Submitting a New Grant Request

Click on the **+New Grant Request** tile. You will be brought to the **New Grant Request** page to enter the details of the grant.





Applying Organization Information

Each grant request will require the designation of the requesting Organization. Your **Applying Organization Information** section is pre-populated with the details you entered during your New User Registration.

Applying Organization Information

Associated Organization* Foundation For HIV Programs	Q
Institution/ Department/ Group*	
Foundation For HIV Programs	Q

Please Note: If you would have multiple Organizations which you will be submitting grant requests with, each Organization will require a separate Organization account creation with a different email address.

Summary

Next, in the **Summary** section, complete all the required fields. Select the **Therapeutic Area** for the grant by clicking on the arrow next to the **Therapeutic Area** field. The **Therapeutic Area** applicable for an Organization with a Tax Status of Not-for-Profit/Other will display.

Therapeutic Area*	•
Hematology/Oncology (Cell Therapy)	
Oncology (Targeted & Immunotherapies)	
Viral Diseases	
Fibrotic Diseases	
Inflammatory Diseases	
Other	



Based on your selection in the **Therapeutic Area** field, the **Primary Sub-Therapeutic Area** field will only show applicable options. Select the applicable Primary Sub-Therapeutic Area as needed.

Primary Sub-Therapeutic Area*	•
COVID-19	
HBV	
HCV	
HDV	
HIV Prevention	
HIV/AIDS	

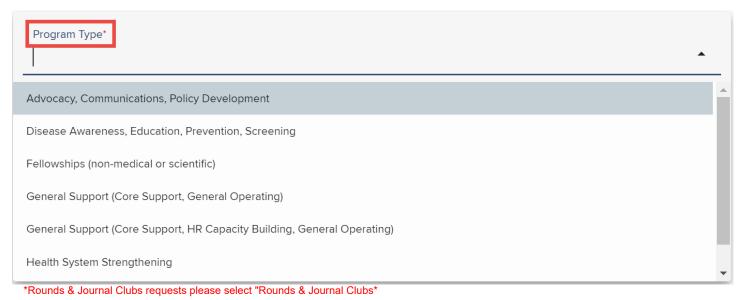
Click on the arrow next to the Grant Type field and select Community/Patient for instance.

Grant Type*
Co-Pay
Community/Patient
HIV Cure
IMED
Medical/Scientific
Sponsorship

Rounds & Journal Clubs requests please select medical/scientific



Based on your Grant Type selection, applicable **Program Type** options will display in a drop-down list next to the field. Select an option that applies to your grant request.



Based on your Grant Type and Program Type selection, applicable **Intended Use** options will display in a drop-down list next to the field. Click on the listed **Intended Use** option that applies to your grant request.





The **Event / Project / Program Title** field is a text field that allows you to enter the name and identify the grant request.





As soon as you enter a title for your Event / Project / Program, you will be able to save your grant request as a draft. On the left action panel, you will see the **SAVE AS DRAFT** button available. It is recommended to periodically click on this button to save the information that you enter in the event because if you stop working on your grant for a long time, the system might have timed out. But once your grant is saved, you will be taken back to the homepage.

SUBMIT TO GILEAD

And if there is a mismatch in these fields: **Amount Requested from Gilead** and **Total Budget**, you will see a pop-up message as a reminder. Click **OK** and the draft will be saved. If you would like to revise your budget before submission, click **CANCEL** and circle back to the abovementioned fields to make updates.

The amount requested does not match the amount requested in your budget. Would you still like to submit the proposal?

To return to the Grant Request please select 'Cancel'. To continue submitting the Grant Request click 'OK'.

CANCEL	ОК
--------	----

Your saved draft will be displayed on your homepage under **My Grant Requests** with the Grant Status listed as **Pending/In Draft**. To continue, click on the **three-dot** button next to your draft and select **Work on Draft/Submit** to update and complete the previous grant saved as draft.

Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved	
		Pending/In Draft	Community/Pati	Test Grant Example	HK\$1,000.00 HKD	-	:
					-		nit



You can change **Currency** to another by using the drop-down list. The selection made in the Grant Currency will pre-populate all the rest of Currency related fields.

Grant Currency USD	⊗ -
Amount Requested from Gilead*	
1000 Money	USD Currency
woney	Currency
Total Event / Project / Program Budget*	
1000	USD
Money	Currency

Next, if you select Yes for the field "Will there be other supporters of this Event/Project/Program?" a dynamic field, "List name of other supporters of this event / project /

program" will appear for you to enter information about other sources of funding.

🗮 🗲 Update Test Grant Exar	nple 🔐 👔 Log off	GILEAD Creating Possible
Applying Organization	Will there be other supporters of this Event / Project / Program?* Yes	× *
Summary		
Application/Proposal Details	List name of other supporters of this event / project / program:*	
Budget Details		
Line Item Budget		
Mandatory Disclosures		
Privacy Consent	This field is required.	
SAVE AS DRAFT	Is this an existing / current Event / Project / Program?*	
SUBMIT TO GILEAD	No	
You have 38 incomplete fields.	Expected Number of Attendees / Participants*	



Select Yes or No in the field, **"Is this an existing Event / Project / Program?"**. Enter the projected number of participants in the **Expected Number of Attendees / Participants** field.

Is this an existing / current Event / Project / Program?* No	•
Expected Number of Attendees / Participants* 100	\bigotimes

Next click on the down arrow button for the field "**Primary Audience / Participants**" you will have a few options to select from.

Primary Audience / Participants*	
Advocate	*
Case Manager	
Fellows	
General Community	
Other	
Patients	-

If you have secondary or tertiary audience participants, you can select them from the drop-down options in the **Secondary** or **Tertiary Audience / Participants** field.





Next, select your primary target population from the **Primary Target Population** field by clicking on the down arrow button and scrolling down to pick one from the list of various population categories.

Primary Target Population*	
Adults (25-50)	^
Aging Adults (over 50)	
American Indian or Alaska Native	
Asian	
Black or African-Descent	
Children (1-12)	•

Next, select Yes or No in the field, Is this application for a specific event(s)? (As opposed to being ongoing / enduring). If No is selected, no additional fields will appear. Please enter the dates for Program / Project Start Date and Program / Project End Date in the following two required date fields by either clicking on the calendar icon or typing in the dates in mm/dd/yyyy format.

Program / Project Start Date* 28-Apr-2022 Program / Project End Date*	Is this application for a specific event No	t(s)? (As opposed to being ongoing / enduring)*
28-Apr-2022 Program / Project End Date*		
H	· · · · · · · · · · · · · · · · · · ·	
H		-
	Program / Project End Date* 28-Apr-2022	



If **Yes** is selected in the field, Is this application for a specific event(s)? (As opposed to being ongoing / enduring), an additional required field, **Event Details** will appear for you to enter pertinent information.

Event Details*	9
Event Date	Event Location / Address
This field is required.	

Click on the + button to add a new row and enter **Event Date** and **Event Location / Address**. Select **UPDATE**. You can add multiple rows for all your events by repeating the same steps.

Event Details*		9
Event Date	Event Location / Address	
11-May-2022	1234 College Ave., Dallas, Texas	۲
	2 UPDATE CANCEL	



There are two questions requesting you to enter the geographical information for the grant request. Click the drop-down list and select one among them.

Geographical Area Served by this Event / Project / Program(s)* Local/City/Community	***	•
Country(ies) where Event / Project / Program will take place*	*	? •
Label Affiliate		

Please note: For assistance in completing this information, hover your mouse on the **question mark** icon next to a field. There will be information provided such as the following message box.

ountry(ies) where Event / Project / Program will take place*	
United States ×	× (2) ×
	If your program has a global scop
	please select the country where t
	requesting organization is
abel Affiliate	incorporated.

The **Application/Proposal Details** section will be where you enter your Executive Summary, Organization Overview, Programs Purpose, Objectives, Activities and Expected Outcome and Sustainability. The **Executive Summary** field is limited to 500 characters. Please note that as you type the system will keep track of the number of characters, and if you reach the limit, it will not let you type.

Application/Proposal Details

Executive Summary*	[]
This field is required.	0/500

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All the free text fields in the following section are required, such as **Organization Overview**. You must complete the requested information before you submit your grant application.

Organization Overview*	0	?

This field is required.

You will have a non-required field to enter any Additional Information.

Additional Information

You will also have a **Supporting Document(s)** field, where you can upload documents from your device. Click the + button to add a document.



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A new window, **New Document** will open for you to enter the name of the document, click the **SELECT FILE...** button to upload your document from your device and click **SAVE**.

÷	lew Document	
	tails	
	scription*	
	SELECT FILE	
	▲ You have 2 incomplete fields.	
	SAL	/E

Line Item Budget

The **Line Item Budget** section will have a few subsections for you to add your grant budget breakdown. For example, in the **Management** section, you will need to enter each line item by clicking the **+** button.

Line Item Budget				
Please provide an itemized budge to this <u>example budget</u> .	t breakdown for entire	project. For an examp	le of the level of detail we	need, please refer
The following expenses are not el				
 Expenses or activities not lin Patient care, including treatr The payment or defrayment The payment of honoraria of 	nent and prescriptions of salary or fringe bene	fits for staff that purc		
Management*				
→ 🗗 🖉 🗊				•
Line Item	Description / Unit	Estimated # of Units	Estimated Cost per Unit	Estimated Total
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After you click the + button, a new row will display. Enter all the required fields marked with an **exclamation point** for this row. Make sure you scroll the bar to the right at the bottom of the Management Line Item spreadsheet to see more required fields.

Management*					9
Line Item		Description / Unit	Estimated # of Units	Estimated Cost per Unit	Estimated Total
	0-		•	USD	•
4		UPDAT	CANCEL		

Click the **arrow** button in the **Line Item** column. You will see many options. Select one that works the best for you. Add your description in the **Description / Unit** field. If you do not need any budget for Management, please select ***Not Applicable (enter 0 in all fields)**, and put number **0** (zero) in the rest of the required fields at this row and save the row.

Management*
Line Item
▲ ·
* Not Applicable (enter 0 in all fields)
Fringe benefits
On-site/event Staffing
Staff Salaries
Training



Fill in the **Estimated # of Units, Estimated Cost per Unit** and **Amt. from Gilead** fields. Once all the required fields in the row are completed, click on **UPDATE** to save the record. You can edit or delete the rows by clicking on the **pencil** or **garbage can** icon. Once you click UPDATE, also notice that your Line Item sub-total are automatically calculated and shown in the **Estimated Total** field

Management*	0								0
scription / Unit	Estimated	# of Units	Estimate	d Cost per Unit	Estimate	d Total	Amt. fron	1 Gilead	
	0	8	0	USD			0	USD	
				UPDATE	CANCEL				
•									•

Please repeat the steps above for all of the Line Item Budget subsections, such as Communications, Logistics, Travel & Lodging, etc.

Once you finish entering all the required information, the system will calculate the sum of **Sub-Totals**, **Total Budget** and **Total Requested from Gilead** fields at the bottom of the Line Item Budget section.

Sub-Total	
100.00	USD
Money	Currency
Sub-Total Amt. from Gilead	
100.00	USD
Money	Currency
Total Budget	
1000.00	USD
Money	Currency
Total Request from Gilead	
1000.00	USD
Money	Currency



Budget Details

Next, you can enter **Budget Justification Details** in the Budget Details free text field. The Budget Details section has a required question for you to answer, Will individuals / entities receive transfers of value for this event / program / project that are reportable under regulatory requirements?. Click the down arrow button to make a selection.

Budget Details
Budget Justification Details
Will individuals / entities receive transfers of value for this event / program / project that are reportable under regulatory requirements?* No

In the section Mandatory Disclosures, you must answer Yes/No to all the required questions.

landatory Disclosures	
	ny of the organization's owners/principal shareholders, directors, officers, employees, agents, or consultants have a family nip who is a public/government official?*
	s the organization currently employ or have any plans to employ a government official or a family member or close personal employee, consultant, contractors, or in any other capacity?*
To the best of your knowledge, is t recommend the purchase of Gilea	e organization or any of its directors or executive management members in a position to purchase, influence, affect or products?*



To the best of your knowledge, are any of the following individuals current members of a decision-making body that may make decisions
regarding Gilead products (for example, reimbursement body, treatment guidelines committee, or formulary committee)?

- i. Owners
- ii. Trustees
- iii. Board Members
- iv. Any other representatives who are in a position to make decisions on behalf of the organization
- v. Any other representatives connected with this support

To the best of your knowledge, has the organization, its predecessor entities, or any of its current or former owners, directors, officers, or
other employees been convicted, charged or indicted, investigated, or accused (publicly or privately) of a violation or potential violation
of any laws relating to bribery, corruption, fraud, tax evasion, export controls, or anti-trust?*

To the best of your knowledge, do any of the following have any personal relationships (family or business) with a Gilead member of staff or an individual who has an interest in Gilead?

- i. Owners
- ii. Trustees
- iii. Board Members
- iv. Any other representatives who are in a position to make decisions on behalf of the organization
- v. Any other representatives connected with this support

Read the following sections before applying your acknowledgement for your Gilead grant request:

- Privacy Consent
- Anti-Corruption Policy
- Acknowledgment of Terms
- Signature

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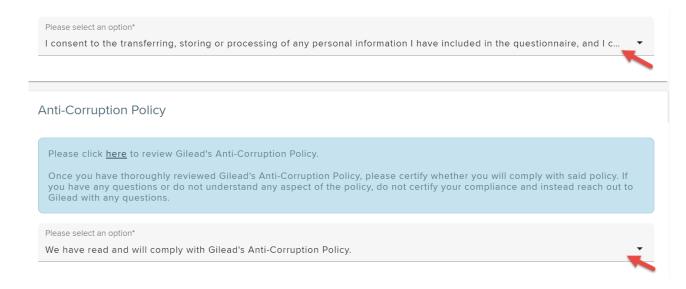


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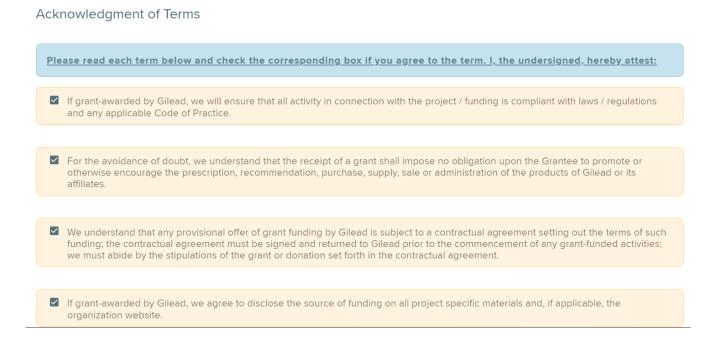
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The sections, **Privacy Consent** and **Anti-Corruption Policy**, will have a drop-down option to select a consent statement.



For the Acknowledgment of Terms section, you must check off all the boxes.





By entering your name and your title in the **Signature** field, you will be certifying that the statements made in the grant request are true and correct.

By entering my name below, I hereby certify that the al	bove statements are true and correct to the best
of my knowledge.	
Full Name*	
Test Applicant	
Title*	
Director	C

Once all the required fields are filled in and verified on your grant application, please click on **SUBMIT TO GILEAD** button to submit your grant request.



Your saved submitted grant will be displayed on your homepage under **My Grant Requests** with the Grant Status listed as **Submitted**. You will receive an email about the confirmation of your grant submission.

My Grant Reques	ts						Ŧ
Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved	
12-May-2022		Pending/In Draft	Community/Pati	test 0512	\$0.00 USD		•
12-May-2022	17282	Submitted	Community/Pati	Test 0511	\$1,000.00 USD		
(

Responding to a Request for Clarifications

After your grant has been submitted, Gilead will start the review process. If clarifications are requested for your grant, you will be notified by email. The Grant Status will be updated to **Clarifications Requested**.



To respond to a request for clarifications you can select the link from the notification email which will bring you to the login page of the portal. On your homepage, under the **My Grant Requests** section you will see the Grant Status is listed as **Clarifications Requested**. Click on the **three-dot** button next to your grant and click on **Submit Additional Information**.

My Grant Reques	ts						
Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved	
12-May-2022		Pending/In Draft	Community/Pati	test 0512	\$0.00 USD		:
12-May-2022	17282	Clarifications Requested	Community/Pati	Test 0511	\$1,000.00 USD		:
_					· · ·	Submit Additional Information	on

Based on the type of clarifications requested, you will be presented with the corresponding field(s), on the **Grant Request** screen, to enter your clarifications. Your screen will display only the fields in which clarifications were requested. Upon reviewing your clarification needs, you have the option to **SAVE AS DRAFT** or **RESUBMIT TO GILEAD**. Once you are ready to send the information to Gilead, click **RESUBMIT TO GILEAD**.

🗮 🗲 Update Test 0511		🔒 Home	? Support	Log off	
Summary Application/Proposal Details Line Item Budget	Summary				
Budget Details	Gilead Contact				_
Mandatory Disclosures Privacy Consent	Therapeutic Area* Viral Diseases				•
Anti-Corruption Policy Acknowledgment of Terms	Primary Sub-Therapeutic Area*				
Review Details	COVID-19				•
RESUBMIT TO GILEAD	Secondary Sub-Therapeutic Area				•



Your saved resubmitted grant will be displayed on your homepage under My Grant Requests section with the Grant Status listed as **Resubmitted**. You will receive an email indicating that your grant has been Resubmitted.

My Grant Reques	ts						₹
Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved	
13-May-2022	17282	Resubmitted	Community/Pati	Test 0511	\$1,000.00 USD		
12-May-2022		Pending/In Draft	Community/Pati	test 0512	\$0.00 USD		• • •

Grant Approval/Denial Notification

When a decision is made upon reviewing your grant, you will receive an email notification informing of the decision. The Grant Status will be updated on your **My Grant Requests** section on your homepage. If your grant is approved, your email will inform you of the funding support requests.

Grants that Require Agreements

An agreement that requires your signature will be available for you from the homepage. From the **My Grant Requests** table, click on the **three-dot** button next to your grant and click on **Return Signed Document(s)**.

My Grant Reques	ts					<u>+</u>
Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved
13-May-2022	17282	In Review	Community/Pati	Test 0511	\$1,000.00 USD	\$1,000.00 USD
12-May-2022		Pending/In Draft	Community/Pati	test 0512	\$0.00 USD	Return Signed Document(s)

Clicking on **Return Signed Document(s)** will direct you to the grant request page. You can only see the Grant Agreement / Contract that requires your actions.

1) Click on the **blue**, **underlined documents** to download the file to your device. The documents will be downloaded as a PDF file for your review and signature.

2) To upload the document, select **REPLACE** and a window will open for you to select the signed PDF from your device.

3) Once the signed document has been uploaded, select **SAVE** at the bottom right.



😑 🗲 Update Test 0511	n Home 🖓 Support 🕣 Log off 🌾 GILEAD Creating Possible
Post-Review Documentation	Post-Review Documentation
	Grant Agreement / Contract
SAVE	

Upon receipt of your signed document, Gilead will review and process your grant and the Grant Status will be updated to **Approved**.

My Grant Reques	ts						Ŧ
Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved	
13-May-2022	17282	Approved	Community/Pati	Test 0511	\$1,000.00 USD	\$1,000.00 USD	• • •

Requesting a Change in Scope

Once a grant is Active, you will have the ability to request a Change in Scope. To do this, start by navigating to your homepage and selecting the **three-dot** button to the right of the grant record on which you would like to submit a Change in Scope request. This will display the options available. Select **+ Request Change in Scope**.

Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved
13-May-2022	17282	Approved	Community/Pati	Test 0511	\$1,000.00 USD	\$1,000.00 USD
12-May-2022		Pending/In Draft	Community/Pati	test 0512	\$0.00 USD	- Request Change in Scope



Selecting **Request Change in Scope** will bring you to the **Add Scope Change** page. You will be presented with two fields, **Type of Request** and **Described Requested Change(s)**. Type of Request can be multi-selected. You can summarize the reason for your change in scope in the **Described Requested Change(s)** field. After filling in all the required fields, click **SAVE**.

😑 🗲 Add Scope Change		🔒 Home	? Support	Example 1 Log off	GILEAD Creating Possible
Overview	Overview				
	Type of Request*				0 -
	This field is required.				
	Described Requested Change(s)*				
SAVE					
A You have 2 incomplete fields.					

Upon selecting the **SAVE** button, you will be redirected back to your homepage. The Status of your grant will remain **Active.** Gilead Grant Managers will review your request of Change in Scope. They will then open up the pertinent fields for the Change in Scope request that you indicated that you would like to update and Managers will send the request back to you to complete. You will receive an email requesting additional information for your Change in Scope request.

Once you receive this email, you should then log in, and under the **Changes in Scope that require Action** section, you will see the **Change in Scope** that is pending clarifications listed. Click on the **three-dot** button and select **Submit Additional Information**.

Changes in Scope that	require Action		Ŧ
Additional Information Requested	Status	Title	
	Clarifications Requested	Test 0511	
	1	Submit Additional Information	
4			•



You will be directed to the **Update Request for Scope Change** page. Update the information as requested. After completing your updates on the **Edit Scope Change** page, click on **SUBMIT TO GILEAD.** You can also save your changes as Draft to submit later.



Upon selecting the **SUBMIT TO GILEAD** button, you will be redirected back to your homepage and you will receive an email confirmation that your **Change in Scope** was resubmitted and is currently under review.

Request for Payments

If your organization is registered as a **Not for Profit**, your payments will be generated based on grant milestones set at the time of your grant approval. The Milestone payments are scheduled by Gilead according to the completion of specified stages and payment needs for your grant.

To review the Payment Milestones which are set for your grant, from the My Grant Requests table on your homepage, click any place of the row of the grant you would like to check.

My Grant Reques	ts						Ŧ
Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved	
13-May-2022	17282	Active	Community/Pati	Test 0511	\$1,000.00 USD	\$1,000.00 USD	• • •
12-May-2022		Pending/In Draft	Community/Pati	test 0512	\$0.00 USD		0 0 0



On the grant page, a new tab will show with the label **PAYMENT INFORMATION**. Select the **PAYMENT INFORMATION** tab, and you will be able to review the details. The **Amount Approved**, **Amount Invoiced**, **Paid to Date** and **Payment Invoice** / **Requests** will display.

=	Foundation For HIV Title: Test 0511 Grant ID Number: 17282 Grant Status: Active	/ Programs		↑ Home	? Support	₽ Log off	GILEAD Creating Possible
3	DETAILS		ORY DISCLOSURES	REVIEW DETAILS	PAYMENT INFORM	IATION DATES	
1	Update	Amount Approved.	\$1,000.00 USD				•
÷	Print / Print to PDF	Remaining Balance:	\$1,000.00 USD				
		Payment Invoices / F Date of Request	Requests Invoice Amount	Status	i.	Date of Approva	0
		13-May-2022	\$1,000.00 USD	Appro	ved	13-May-2022	
		Date of Last Payment Request:	13-May-2022				

If your organization is a registered as <u>For Profit</u>, you will be able to directly request payments for your **IMED** grant's milestones. The Milestone Payments are scheduled by Gilead according to the completion of specified stages and payment needs for your grant. To request a Milestone payment for your IMED grant, from your **My Grant Requests** table on your homepage, click on the **three-dot** button. Select **+ Request Payment**.

Program / Project Start Date	Grant ID Number	↑Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved
1/17/2022	14398	Active	IMED	Addressing Disparities in	\$199,625.00 USD	\$199,625.00 USD
2/08/2022	14266	Not Approved	IMED	Identifying Targets for	\$155,00	uest Change in Scope
2/17/2021	14224	Not Approved	IMED	Novel Agents	\$135.00	juest Payment omit Interim Budget Reconciliation

Upon selection of **+Request Payment**, you will be directed to the **Add Grant Payment/Invoice Request** page. Click on the **calendar** icon. Click the drop-down list for the field, "Is this invoice for milestone payment(s)?" and select Yes/No.



If you select **Yes** for **"Is this invoice for milestone payment(s)?"**, the system will display a **Select Milestone(s) Reached** table. The milestones which apply to your grant will display. You may select an individual or multiple milestones. After selecting the applicable milestone(s), click **SUBMIT**.

🗮 🗲 Add Grant Payment /	Invoice Request	☆ Home	? Support	➔ Log off	
• Details	Details				
	Date of Request* 05/06/2022				
	Is this invoice for milestone payment(s)?* Yes				2
	Select Milestone(s) Reached* 14398_Addressing Disparities in Caring f	or Patients with Trip	ple-Negative Breast	Cancer_30 % upo	n corr 🗴 🗸
SUBMIT	4				

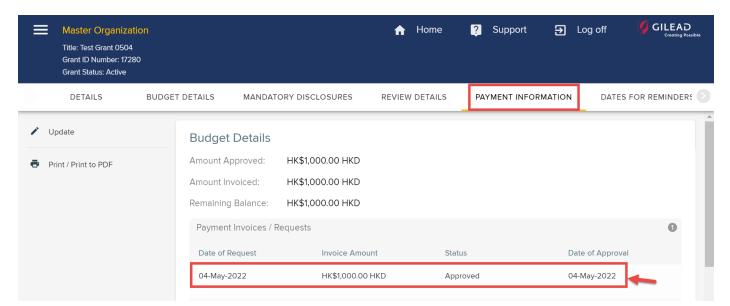
If you select **No**, a new required field **Invoice Amount** will open for you to enter the Amount. Click **SUBMIT**.

🗮 🗲 Add Grant Payment /	Invoice Request	🔒 Home	? Support	➔ Log off	GILEAD Creating Possible
• Details	Details				
	Date of Request* 05/06/2022				
	Is this invoice for milestone payment(s)?* No				•
	Amount Approved: \$218,225.00 USD				
	Invoice Amount* 10000 Money				USD Currency
SUBMIT					



Check Status of Payment Request

If your organization is registered as a **Not for Profit**, Gilead will arrange the payment. The Applicant does not need to submit any payment request. After your payment is arranged by Gilead, there will be a new tab on your grant record, **PAYMENT INFORMATION**. Click this tab and you will see a Payment / Invoice request record. Click any place of the row to view the record.



You will be taken to a new page, and the **Amount Approved**, **Amount Invoiced**, etc. will display.

Payment Request for Test G	Grant 0504 on 05/04/20	022	A	Home	?	Support	€	Log off	
Print / Print to PDF	Details Grant Request: Date of Request: Is this invoice for mile No Invoice Amount:	Test Grant 0504 04-May-2022 istone payment(s)? HK\$1,000.00 HKD							
	Fulfillment Deta Status: Date of Approval:	İls Approved 04-May-2022							



Submitting Disclosure/Interim/Final Reports

If you receive a request from Gilead to file a disclosure, interim or final report for your grant request, an email will be sent to your registered email address. The system will guide you through the required fields to complete your report. From the homepage, under **My Grant Requests** click the **three-dot** button and select **+ Submit Report** from the list.

Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved
05-May-2022	17280	Active	Community/Pati	Test Grant 0504	HK\$1,000.00 HKD	HK\$1,000.00 HKD
05-May-2022	17281	Approved	IMED	Test IMED	HK\$100.	st Change in Scope : Interim Budget Reconciliation

This will direct you into your Add Report page. Select Interim, Final or Disclosure Report from the Type drop-down list.

🗮 🗲 Add Report		A	Home	?	Support	€	Log off	GILEAD Creating Possible
O Details	Details							
	Type*							*
	Interim							_
	Final							
	Disclosure Report							
SAVE AS DRAFT								_
SUBMIT								
A You have 1 incomplete field.								



Upon selection of each type of the report, the page will dynamically display different required fields which Gilead requires you to submit. Here we use **Interim** as an example.

🗮 🗲 Add Report		🔒 Home	? Support	➔ Log off	GILEAD Creating Possible
Details Progress Report Information Final Report Information Monitoring Period	Details ^{Type*} Interim				⊗ -
Budget Supporting Documentation	Progress Report Information				_
SAVE AS DRAFT	List Program's x Objectives: Describe progress toward project goals to date*	~			
▲ You have 10 incomplete fields.					

At the bottom of the page, in the **Supporting Documentation** field, you can include any additional materials that are relevant to share with Gilead. To attach a document, select the **+** button.

Supporting Documents 0	
	+
Description	
There are no records to display.	



Upon selecting the + button, the New Document window will appear with **Description** and **Document** fields. Enter the description and select a file to upload. To save the document, select **SAVE**. You may add multiple rows by selecting the + button.

←	New Document	
	Details	
	Description*	
	Document*	
	▲ You have 2 incomplete fields.	
	SAVI	F

When you have completed all required fields, select **SUBMIT**. You can also **SAVE AS DRAFT** if you are not ready to submit the report.

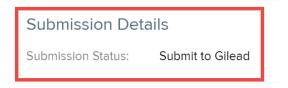




Upon selecting the **SAVE AS DRAFT** button, you will be redirected back to the homepage. If the report was saved as a draft, the Report will be located under the **OUTCOMES/EVALUATION** tab on the grant record. Click the **three-dot** button next to the report and select **Update**.

		on			🔒 Home	? Support	i 🗩 L	og off GILEAD Creating Possible
	Title: Test Grant 0504 Grant ID Number: 17280 Grant Status: Active)						
0	DETAILS	BUDGE	T DETAILS	MANDATORY DISCLOSURES	REVIEW DETAILS	OUTCOMES/	EVALUATION	PAYMENT INFORMATIC 📀
1	Update		Outcom	es				
ē	Print / Print to PDF		Report(s)					0
			Title	- + (47200 2022 05 04	Documer			N .
			Final Rep	ort for 17280 on 2022-05-04	n test.do	DCX		Work on/Submit Draft

If the report has been submitted, an email will be sent from Gilead confirming receipt of your report. The status of the report will be **Submitted**. You will not be able to edit your report again.



Reports that Require Action

Upon submission of your report, you may be asked to submit additional information by an email and the email will include the specific additional information requested by Gilead. You will have to log in to the portal and find your grant from your homepage, the report will show in the section of **Reports that Require Action**. Click the **three-dot** button next to your grant and select **Update**.





The system will take you to the **Update Report** page. The information you had previously entered will be displayed and the fields will be editable. Based on the email that you have received, update the report accordingly. Upon completion of all the requested and required fields, select **SUBMIT**. You can also select the **SAVE AS DRAFT** option. Upon selection of SAVE AS DRAFT, you will be returned to your homepage.



Submitting a Budget Reconciliation

If you receive a request from Gilead to reconcile your **Line Item Budget** for your grant, an email will be sent to you. The system will guide you through the required fields to complete your Budget Reconciliation. There are two kinds of Budget Reconciliation requested from Gilead: One is **Interim Budget Reconciliation**; the other is **Reconciliated Budget**.

The format of these two kinds of reconciliation is the same, but the Interim Budget Reconciliation is requested after the activity is completed, and the Reconciliated Budget is supposed to be submitted as a final budget reconciliation within one month after the activity has been completed. Below we will demonstrate how to submit Reconciliated Budget only.

On your homepage, under **My Grant Requests** the Grant Status will display as **Completed**. Click on the **three-dot** button and then select **+ Submit Reconciliated Budget**.

Program / Project Start Date	Grant ID Number	Current	Grant Type	Title	Amount Requested from Gilead	Amount Approved
6-May-2022	17344	Completed	Community/Pat	Test 0516	\$100.00 USD	\$100.00 USD
					+ Rec	quest Change in Scope
					🖍 Sut	omit Interim Budget Reconciliation
					+ Sut	omit Reconciliated Budget



The **Update** page will display. Each **Line Item Budget** has a value you entered previously. Click the **row** of each line item and select the **pencil** icon. Scroll the bar at the bottom of the spreadsheet to the right.

Management*					
Line Item 2	Description / Unit	Estimated # of Units	Estimated Cost per Unit	Estimated Total	Amt. frc
Staff Salaries		1	\$100.00 USD	100.00 USD	\$100.00
4			3→→		۱.

Fill in two required fields for each line item: **Actual # of Units** and **Actual Cost per Unit**. Click on the **UPDATE** button to save the entry. If no expenses are spent for a line item, you still need to enter 0 (zero) and save the entry. This process can be repeated multiple times until all the information is in place.

Line Item Budget

Estimated Total	Amt. from Gilead	Actual # of Units	Actual Cost per Unit	Actual Total
100.00 USD	\$100.00 USD		100 USD	0.00 US

Check off the box next to the certification that the information submitted is a true and correct statement. Then, the **SUBMIT TO GILEAD** button will be available. Click the button when you are ready to submit the budget reconciliation back to Gilead.





Print to PDF/Create PDF file of Grant



The Print / Print to PDF button from the left allows you to download the grant into a PDF format.

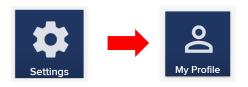
The **Print Preview** page will display all grant details. All check boxes will be pre-filled. Uncheck the box next to the information you don't need on your PDF to Print. The right side will display the information selected for your review. After selecting **Sections and Fields to Include** in your PDF file, click **PRINT.**

Print Preview	• Test Ma Title: Test 0	aster Organization	
To print this page, click the print button	Grant ID Nu	imber: 17344	
below.	Grant Statu	s: Activity Complete	
	Details		
Sections and Fields to Include	Applying Organization Inf		
✓ ☑ Details	Applicant Name:	Test, America	
🗸 🔽 🗅 Applying Organization Informati	Institution/ Department/ Group:	Test Institution	
Applicant Name	City:	Pomona	
Institution/ Department/ Gro	State:	California	
City	Country:	United States	
State	Region:	North America	
Country	Organization Classification:	Charitable Organization (Non-Healthcare)	
Region	Tax Status:	Not For Profit or Other	
Region	Tax ID Number:	051620221	
	Year of Inception:	1985	
CANCEL	W-9:		
PRINT	Title W-9 for Marin Brain Injury N	etwork dba Schurig Center for Brain Injury Recovery - 10/18/2017	W-9 MBIN Schurig Center W9 Taxpayer ID Number.pdf



My Profile

From the homepage click **Settings** and then **My Profile** to display the **Edit Applicant** page which includes information for the logged-in user.

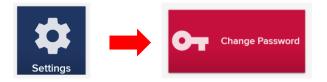


The user can update their contact information and language preference by making the necessary changes and selecting **SAVE** at the bottom right corner.

×	Edit Applicant		
	Contact Information		-
	First Name* America		
	Last Name* Test		
	Title / Position* Director		
	Address1*		
	123 College Avenue		•
	s s	AVE	J

Change Password

To change your password, select the **Settings** and select **Change Password** tiles. The **Change Password** page will appear, fill in the **Password** and **Password** (Confirm) fields.





Please note: Your password must contain at least **8** characters and include at least one uppercase character, one lowercase character, one number and one symbol. The new password may not be the same as any of the previous 10 passwords. Click **SAVE** when done.

С	hange Password
	Your password must contain at least 8 characters and include at least one uppercase character, one lowercase character, one number and one symbol. The new password may not be the same as any of the previous 10 passwords.
	Password*
	Password (Confirm)*

CANCEL SAVE

User Guides and Support

To locate this External Applicant User Guide and other helpful resources, click on the **Help** tile from your homepage.





You will see this User Guide listed. Click on the file name to download the PDF.

≡ Help		in Home 👔 Support 🄁 Log off 🧳 GILEAD Creating Pusidia
		<u>+</u>
Date	Description	File Link
16-May-2022	External Applicant User Guide	🖭 v2 Gilead External Applicant User Guide.pdf
10-May-2022	Asia_Gilead External Applicant User Guide	Asia_Gilead External Applicant User Guide.pdf
14-Apr-2022	Gilead External Applicant User Guide_Korean.pdf	Gilead External Applicant User Guide_Korean.pdf
25-Aug-2020	Russian Language External Applicant User Guide	Gilead External Applicant User Guide - Russian_tran
29-May-2020	Guide utilisateur du Portail de Dons - Achat Consommables	French Language_Gilead External Applicant User G
29-May-2020	Guide utilisateur du Portail de Dons	French Language_Gilead External Applicant User G

Additionally, the technical support phone number and email address can be found by clicking the **Support** button on the top right of the page. Click the **envelope** icon to find our support email address (<u>gilead@steeprockinc.com</u>). For general program related inquiries, please email to <u>grants@gilead.com</u>.

↑ Home	🔋 Support	➔ Log off	GILEAD Creating Possible
	User Support		Ŧ
<u>ect Object]</u> <u>ect Object]</u>	Gilead Grants Por	ance, please call 6 or click e here to o tal. Please contact com for general prog	
<u>ect Object]</u>		CLOSE	



Browser Settings

Pop-up windows must be allowed for certain features on the site to work.

- 1. Open Microsoft Edge.
- 2. Click the **ellipsis** icon (...) in the upper right corner of your web browser, and then click **Settings** and click **Cookies and site permissions** from the left menu.
- 3. Scroll down to **Pop-ups and redirects** from the right of the browsing page.
- 4. Select **Add** next to the **Allow** option.
- 5. A new window **Add a site** will appear.
- 6. Type in https://acadia-grants.steeprockinc.com/ in the site field.
- 7. Select the **Add** button.
- 1. Open Firefox.
- 2. Select the \equiv button to open application menu.
- 3. Go to **Privacy & Security** from the left menu.
- 4. Scroll down to the section of **Permissions**.
- 5. Click the **Exceptions** button next to **Block pop-up windows**.
- 6. Type https://acadia-grants.steeprockinc.com/ in the Address of website field.
- 7. Click **Allow**.
- 8. Click Save Changes.
- 1. Open Chrome.
- 2. Select the **Chrome** menu ⁱ button on the top right corner.
- 3. Select Settings.
- 4. Select **Privacy & Security** from the left menu.
- 5. Click **Site Settings**.
- 6. Select **Pop-ups and redirects**.
- 7. Select Add next to the Allowed to send pop-ups and use redirects option.
- 8. A new window Add a site will appear.
- 9. Type in https://acadia-grants.steeprockinc.com/ in the Site field.
- 10. Select the **Add** button.
- 1. Open Safari.
- 2. Select the '**Safari'** tab.
- 3. Select 'Preferences 'and 'Security.'
- 4. In the pop-up window that opens, click the **Security** icon along the top.
- 5. Make sure the "Block pop-up windows" selection is not checked. Close the Security pop-up window.

