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Olympus Reconciliation Guide

Screen-by-Screen Instructions for Completing a Post-Program Reconciliation Report
in the Olympus Grants Management System

Olympus Corporation of the Americas | Grants Administrators
March 2017

Completing the Online Reconciliation Process

If your organization received grant support from Olympus for a medical education event, you are required to submit a post-program **Reconciliation Report** for that event.

- Complete your report online in the [Olympus Grants Management System](#), the same portal in which you created and submitted your original request.
- For a hassle-free experience, use **Internet Explorer** or **Google Chrome**.
- As you complete the Reconciliation Report, save your progress by clicking “Save and Continue Later,” located at the bottom of each page. You do not have to complete the report in one session.
- **Reconciliation Reports must be submitted no later than 90 days from the Program End Date.** If you miss this deadline, you will be unable to submit new requests and any pending requests will be denied.

If you have questions about the reconciliation process or are experiencing technical difficulties, please contact **Olympus Grants Administrators** at 484-896-3939 or ocagrants@olympus.com.

How will I know it's time to complete Reconciliation? You will receive the following email notification **one day** after your grant-supported event. Follow the instructions to complete and submit your post-program Reconciliation Report.

From: noreplygr@olympus.com
Sent: Friday, March 10, 2017 11:00 PM
To: janegastro@gaa.org
Subject: Olympus Grant Reconciliation Required MED-GAS-702 Spring Gastroenterology Meeting

Request ID: **MED-GAS-702**
Program Title: **Spring Gastroenterology Meeting**
Requesting Organization: **Gastroenterology Association of America**
Program Start Date: **08 Mar 2017**
Program End Date: **09 Mar 2017**

Product Grant Approved (Y/N): **Yes**
Financial Grant Approved Amount: **USD 5,000**

Dear Jane Gastro,

We hope your educational program was a success. Follow the steps below to complete your post-program reconciliation report:

- Log in to your account at grants.olympusamerica.com.
- Click on the action item **Please Reconcile Budget and Attendance**.
- After you complete your report, click **Submit** on the summary page.

Reconciliation reports must be submitted no later than 90 days from the Program End Date. If you miss this deadline, you will be unable to submit new requests and any pending requests will be denied.

Kind regards,
Olympus Grants Administrators
484-896-3939
ocaqrants@olympus.com

Click to log in to your account in the **Olympus Grants Management System**. This is the same portal you used to complete and submit your original grant request.

Will I get any reminder emails? Yes, you will receive the following email **45 days** after your grant-supported event (unless you've already submitted your post-program Reconciliation Report). **This is the only reminder you will receive.**

From: noreplygr@olympus.com
Sent: Sunday, April 23, 2017 11:00 PM
To: janegastro@gaa.org
Subject: Reminder - Olympus Grant Reconciliation Required MED-GAS-702 Spring Gastroenterology Meeting

Dear Jane Gastro,

Olympus has not received a post-program reconciliation report for the grant referenced below. Please ensure that your reconciliation is completed within the [Olympus Grants Management System](#) no later than 90 days from the Program End Date.

This is the final reminder you will receive. Thank you for your cooperation.

Kind regards,
Olympus Grants Administrators
484-896-3939
ocagrants@olympus.com

[Health Care and Microscopy Grants From Olympus](#)

Please do not reply to this automated email.

Request ID: **MED-GAS-702**
Program Title: **Spring Gastroenterology Meeting**
Requesting Organization: **Gastroenterology Association of America**
Program Start Date: **08 Mar 2017**
Program End Date: **09 Mar 2017**

Product Grant Approved (Y/N): **Yes**
Financial Grant Approved Amount: **USD 5,000**

Dear Jane Gastro,

We hope your educational program was a success.....

The complete text of the original **Reconciliation Request** email is included in the **Reminder** email for your reference.

To begin a new Reconciliation Report, log in to the Olympus Grants Management System as if you were going to create a new grant request.

The screenshot shows the Olympus Grants Management System login page. At the top left is the OLYMPUS logo. To the right is a navigation bar with links for Help, FAQ, Privacy Policy, and Preferred Language (set to English). Below the navigation bar is a login form with fields for Email Address and Password, a 'Forgot your password?' link, and a Register button. A double arrow button is located to the right of the Password field. A large blue banner below the login form contains a welcome message and a note about pop-ups. Below the banner is a 'FORGOT YOUR PASSWORD?' section with instructions. At the bottom is a white box with text about the Olympus Corporation of the Americas (OCA) Grants Committee and a list of supported grant requests.

OLYMPUS

Help | FAQ | Privacy Policy | Preferred Language English

Enter your **Email Address** and **Password** here. Press **Enter** on your keyboard or click the **double arrow** to log in.

Email Address Password >>

Forgot your password? Register

Welcome to the Olympus Grants Management System for North America*

Pop-ups must be enabled in order to use this site. Requests must be complete and submitted at least 60 days prior to your program start date. For full requirements and grants timeline, visit the [Olympus Grants Homepage](#).

* This system manages grant requests for programs that are held in Latin America. If you have any questions, please revisit our [Homepage](#) and select "Latin America." If you have any questions, please call our support team at 8939.

FORGOT YOUR PASSWORD?
Click here to request a password-reset email. If you don't receive the email within 15 minutes, call Olympus Grants Administrators at 484-896-3939.

The Olympus Corporation of the Americas (OCA) Grants Committee is committed to supporting educational and patient-benefiting activities organized by independent third parties with a genuine microscopy or medical education function relating to disease states, conditions and/or treatments for which Olympus products are used. Grant requestors must be 501(c)(3) or similar nonprofit organizations. The Committee assesses all requests pursuant to Olympus' Compliance Code and does not make decisions based upon past, present or future opportunities to generate business or goodwill from requestors.

This site accepts grant requests to Olympus for support of:

- **Microscopy and Medical Education**
Financial** and product support for microscopy and medical education programs open and advertised to participants

After you log in to your account, you'll be brought to your **Welcome** page. **Scroll down** to view your **Inbox** and **Action Items** related to your requests.

My Actions

Welcome, Jane Gastro

SUBMITTING A REQUEST

Requests must be submitted at least 60 days before the program's start date. The review and determination of grant requests can take up to 60 days. If you need to know your outcome sooner, apply 60 days prior to the date by which you need a decision.

Provide complete and accurate information. Incomplete requests and those that do not accurately represent the event seeking support will be denied. If Grant Administrators request additional information, a prompt response is required. Failure to respond by the given deadline will result in an ineligible and denied grant.

To help you complete your request, review the [Grant Application Guides](#) (step-by-step screen shots) and [Grant Application Checklists](#) (required data and documents).

FOR APPLICANTS REQUESTING EQUIPMENT

Step 1. Fill out the 2017 Olympus Product Support Form. (Select correct form located below. Alternative forms not accepted.)

- [US Medical/Surgical Product Support Form](#)
- [Canadian Medical/Surgical Product Support Form](#)
- [Microscopy Products Support Form \(US and Canada\)](#)

Step 2. Upload the 2017 Olympus Product Support form in the application section entitled "Delivery Format." (Field appears if you indicate you are seeking product support for a certain delivery format of the event.) After submission, you will be contacted by an Olympus Workshops Specialist who will work with your organization on specific details. Timely responses are required.

Continued on next slide...

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CAUTION! If you don't submit a Reconciliation Report within **90 days** of the program end date, the **Submit New Request** button will be removed and you won't be able to apply for any new grants. The button will be restored once the late report has been received.

SUBMITTING A RECONCILIATION REPORT

Following an approved event, an online reconciliation report must be submitted within 90 days of the program end date. If you miss the deadline, any pending grants will be denied and new requests will not be accepted. (Your "Submit New Request" button will be removed.)

Submission of a request does not indicate that Olympus has agreed to provide support. Support decisions are made only after the Olympus Grants Committee has reviewed your complete request. Committee determinations are communicated via email (to grant requestors or authorized signers, as applicable), and all decisions are final. As a reminder, all Olympus sales and marketing personnel are trained to remain separate and apart from matters relating to grant requests, with the exception of limited circumstances when they might be asked by Olympus to solicit input regarding an equipment-related request. Thank you, in advance, for respecting the integrity of our process.

Submit New Request

Grants that require you to complete reconciliation will display the status **Pending Reconciliation**.

To begin your Reconciliation Report, click on the action item **Please Reconcile Budget and Attendance**.

Medical Education

Request ID	Request Type	Status	Program Title	Start Date	Submitted Date	Action required	View/Print Agreement
MED-GAS-702	Medical Education	Pending Reconciliation	Spring Gastroenterology Meeting	08 Mar 2017	06 Feb 2017	Please Reconcile Budget and Attendance	View/Print Agreement
MED-BAR-684	Medical Education	GC Review	Program Title Here	15 Feb 2017	14 Dec 2016		
MED-BAR-678	Medical Education	GC Review	Bariatrics Annual Meeting	01 Apr 2017	06 Dec 2016		

Corporate Donations/ Advocacy

Request ID	Request Type	Status	Action required	View/Print Agreement
DON-GAS-179	Corporate Donations	GC Review		

Need to review your original application? Click on the **Program Title** to view the original request that was submitted.

SECTION 1 OF 4: UPDATE DELIVERY FORMAT

Follow the directions to enter the **actual** numbers of **invitations distributed, learners, and learners to receive credit.**

UPDATE DELIVERY FORMAT

The information displayed below is from your original application. Update each Delivery Format to reflect the actuals that varied from what was proposed at the time of application. The **# of actual invitations distributed, # of actual learners, and # of actual learners to receive credit** are required.

To update, click on the pencil icon to the right of each Delivery Format and scroll down to the active fields to make your edits. When you're done, scroll up and click on the blue disk icon to save. When all your Delivery Formats have been updated, click **"Save and Proceed to Next Step."**

IMPORTANT: Although marked with red asterisks (*), the blank Delivery Format fields at the bottom of the screen are NOT required for most requestors. Only complete these fields if you have a new Delivery Format that was not on your original application.

Delivery Format

<i>Total # Of Activities :</i>	1	<i>Total # of Learners :</i>	100
<i>Live Activities :</i>	1	<i>Live Learners :</i>	100
<i>Web Activities :</i>	0	<i>Web Learners :</i>	0

To enter your actuals, click on the pencil icon next to the Delivery Format you want to update.

<i>Delivery Format :</i>	Lecture(s)/Didactic Session(s)				
<i># of Speakers/Faculty Members :</i>	12				
<i>Geographic Reach :</i>	Regional				
<i>Activity Start Date :</i>	08 Mar 2017	<i>Activity End Date :</i>	09 Mar 2017	<i>Venue :</i>	Allentown Hospital
<i>Country :</i>	United States	<i>City :</i>	Center Valley	<i>State/Province :</i>	PA
<i>Postal Code :</i>	18034	<i>Audience Generation Tactics :</i>	email	<i>Web URL :</i>	
<i>Venue URL :</i>					
<i>Are you seeking product support from Olympus and/or Spiration for this activity :</i>				<input type="radio"/> Yes	<input checked="" type="radio"/> No



UPDATE DELIVERY FORMAT

The information displayed below is from your original application. Update each Delivery Format to reflect the actuals that varied from what was proposed at the time of application. The **# of actual invitations distributed, # of actual learners, and # of actual learners to receive credit** are required.

To update, click on the pencil icon to the right of each Delivery Format and scroll down to the active fields to make your edits. When you're done, scroll up and click on the blue disk icon to save. When all your Delivery Formats have been updated, click "**Save and Proceed to Next Step.**"

IMPORTANT: Although marked with red asterisks (*), the blank Delivery Format fields at the bottom of the screen are NOT required for most requestors. Only complete these fields if you have a new Delivery Format that was not on your original application.

Delivery Format

<i>Total # Of Activities :</i>	1	<i>Total # of Learners :</i>	100
<i>Live Activities :</i>	1	<i>Live Learners :</i>	100
<i>Web Activities :</i>	0	<i>Web Learners :</i>	0

After you click the pencil icon, it will change to a blue disk. **The Delivery Format is now open for editing.**

Delivery Format : Lecture(s)/Didactic Session(s)
of Speakers/Faculty Members : 12
Geographic Reach : Regional
Activity Start Date : 08 Mar 2017 *Activity End Date :*
Country : United States *City :*
Postal Code : 18034 *Audience Generation Tact*
Venue URL :
Venue : Allentown Hospital
State/Province : PA
Web URL :
Are you seeking product support from Olympus and/or Spiration for this activity :

To view the active text fields where you can enter your actuals



SCROLL DOWN

Audience Group	Specialty	Category of Credit	CE/CME for Cat	Invitations Distributed	# of Actual Learners	# of Actual Learners to Receive Credit
Physicians	Gastroenterology	ACCME	9			

Continued on next slide

Continued from previous slide

- * Delivery Format
- * # of Speakers/Faculty Members
- * Activity Start Date
- * Activity End Date
- Web URL
- * Venue
- * Country
- * City
- * State/Province
- * Postal Code
- Venue URL
- * Geographic Reach
- * Audience Generation Tactics
- * Are you seeking product support from Olympus and/or Spiration for this activity?

Please enter the actual number of faculty members here.

Live

Lecture(s)/Didactic Session(s)

12

08 Mar 2017

09 Mar 2017

Allentown Hospital

United States

Center Valley

PA

18034

Regional

email

Yes No

These fields contain the information you provided in your original application. Please review and make any necessary updates.

Enter your actual numbers of invitations, learners, and learners to receive credit here.

* Audience Group	* Specialty	* Category of Credit	* CE/CME Credit Hours for Category	* # of Actual Invitations Distributed	* # of Actual Learners	* # of Actual Learners to Receive Credit
Physicians	Gastroenterology	ACCME	9	100	100	100

<i>Total # Of Activities :</i>	1	<i>Total # of Learners :</i>	0
<i>Live Activities :</i>	1	<i>Live Learners :</i>	100
<i>Web Activities :</i>	0	<i>Web Learners :</i>	0

Don't Forget! Scroll up and click on the blue disk before proceeding to the next step.



← Back

 Save and Continue Later

Save and Proceed to Next Step →

SECTION 2 OF 4: UPDATE BUDGET

Follow the directions to enter the **actual** costs and amounts used from Olympus on each budget tab.

UPDATE BUDGET

For each line item from your original budget (shown below), provide the **Actual Program Cost** and **Actual Amount Used from Olympus**. All costs, even those with \$0, require a corresponding entry. Costs that are blank can remain blank; no corresponding entries are required.

To avoid an error message, make sure that your **Actual Amount Used from Olympus** (calculated below) does not exceed the **Approved Amount** (the amount of your monetary grant).

CAUTION: To move between budget sections, click on **Save and Proceed to Next Budget Tab**. DO NOT click on the Budget tabs themselves. When the budget section is complete, click on **Save and Proceed to Next Step**.

Approved Amount: USD 5,000.00
 Actual Program Costs: USD 1,000.00
 Actual Amount Used from Olympus: USD 500.00

Comments to describe expenses are highly recommended.

Account & Activity Management	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Logistics Management	1,000.00	1,000.00	500.00	500.00	Applied to AV Cost
Financial management					
Content Management					
Audience					
Other					

Program Costs: USD 1,000.00
 Actual Total Program Costs: USD 1,000.00
 Requested Amount from Olympus: USD 500.00
 Actual Amount Used from Olympus: USD 500.00

For each **Proposed Program Cost**, enter an **Actual Program Cost**

For each **Requested Amount from Olympus**, enter an **Actual Amount Used from Olympus**

Click here to advance to the next budget tab

← Save and Back
 × Cancel

Save and Proceed to Next Budget Tab →

Save and Proceed to Next Step →

HELPFUL HINTS to Update Your Budget

To move between the budget tabs, click on the **“Save and Proceed”** arrows. **Do not** click on the tabs themselves.

Actual Program Costs: USD 2,000.00
Actual Amount Used from Olympus: USD 1,500.00

Account & Activity Management | **Accreditation Costs** | Content Development | Faculty and Staff Travel | Honoraria | Meals | Meeting Logistics | Outcomes

Production and Shipping

Accreditation Costs	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Accreditation Costs	1,000.00	<input type="text" value="1,000.00"/>	1,000.00	<input type="text" value="1,000.00"/>	<input type="text"/>
Program Costs: USD 1,000.00		Actual Total Program Costs: USD 1,000.00	Requested Amount from Olympus: USD 1,000.00	Actual Amount Used from Olympus: USD 1,000.00	

As you enter your **Actual Program Costs** and **Actual Amounts Used from Olympus**, the system will add them up automatically and keep a running tally here.

Approved Amount: USD 5,000.00
Actual Program Costs: USD 4,400.00
Actual Amount Used from Olympus: USD 2,500.00

Account & Activity Management | **Accreditation Costs** | Content Development

Production and Shipping

As a reminder, **Olympus funds may not be used for Faculty Travel, Honoraria, and/or Meals.**

Approved Amount: USD 5,000.00
 Actual Program Costs: USD 6,600.00
 Actual Amount Used from Olympus: USD 2,500.00

Account & Activity Management | Accreditation Costs | Content Development | **Faculty and Staff Travel** | Honoraria | **Meals** | Meeting Logist
 Production and Shipping

Comments must be provided for costs entered in the "Other" category
 Note - Olympus grant support may not be used for health care professionals' or microscopists' travel, lodging, meals or other expenses.

Faculty and Staff Travel	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
--------------------------	------------------------	----------------------	-------------------------------	---------------------------------	----------

Can't move forward to the next tab? You may have missed a required field.
 Look for a **red** error message and enter the missing value.

Meals	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Breakfast	3,000.00	<input type="text" value="3,000.00"/> <i>Amount is required.</i>		<input type="text"/>	<input type="text"/>
Lunch	4,000.00	<input type="text" value="4,000.00"/> <i>Amount is required.</i>		<input type="text"/>	<input type="text"/>
Dinner		<input type="text"/>		<input type="text"/>	<input type="text"/>
Breaks/Snacks		<input type="text"/>		<input type="text"/>	<input type="text"/>
Other		<input type="text"/>		<input type="text"/>	<input type="text"/>
	Program Costs: USD 7,000.00	Actual Total Program Costs: USD 7,000.00	Requested Amount from Olympus: USD 0.00	Actual Amount Used from Olympus: USD 0.00	

← Save and Proceed to Previous Budget Tab Save and Proceed to Next Budget Tab →

Comments are required for costs entered in the “Other” category. You must re-enter them on your Reconciliation Report. They do not carry over from your original application.

Device Rental & Labor					
Teleconference Costs					
Congress/Association Costs					
Onsite Meeting Support					
Other	2,300.00	2,300.00	2,300.00	2,300.00	Meeting Supplies x
Program Costs: USD 3,300.00		Actual Total Program Costs: USD 3,300.00	Requested Amount from Olympus: USD 2,500.00	Actual Amount Used from Olympus: USD 2,500.00	
← Save and Proceed to Previous Budget Tab			Save and Proceed to Next Budget Tab →		
← Save and Back		Save and Continue Later		Save and Proceed to Next Step →	
✖ Cancel					

Can't remember what “Other” was referring to? Click **Save and Continue Later** to return to your inbox and click on the **Program Title** to view your original application.

Save time! If there is no **Proposed Program Cost** or **Requested Amount from Olympus**, leave the Actual field blank. You do not have to enter zero (0.00).

Outcomes	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Survey Development	1,000.00	1,000.00		0.00	
Data Analysis/Report Generation					
Outcomes Partner					

UPDATE BUDGET

For each line item from your original budget, you must enter the amount of money used from Olympus. All costs, even those with \$0, require a corresponding entry. Costs that are blank can remain blank; no corresponding entries are required.

To avoid an error message, make sure that your **Actual Amount Used from Olympus** (calculated as the sum of all Actual Amount Used from Olympus values) is less than or equal to the **Approved Amount** (the amount of your monetary grant).

CAUTION: To move between budget sections, click on **Save and Proceed to Next Budget Tab**. When the budget section is complete, click on **Save and Proceed to Next Step**.

Approved Amount: USD 5,000.00
Actual Program Costs: USD 24,900.00
Actual Amount Used from Olympus: USD 5,000.00

Account & Activity Management | Accreditation Costs | Content Development | Faculty and Staff Travel | Honoraria | Meals | Meeting Logistics | Outcomes

Production and Shipping

Comments must be provided for each budget section.

Production and Shipping

Live

Design, Printing, and Production

Shipping and Postage

Audience Generation

Other

Comments

← Save and Proceed to Previous Budget Tab

← Save and Back | Save and Continue Later | Save and Proceed to Next Step →

⊗ Cancel

When you reach the last Budget tab, enter your final values, then check to make sure the Actual Amount Used from Olympus is less than or equal to the Approved Amount.

Good to go? Click here to advance to the next section.

Stuck? Can't move forward?

Your **Actual Amount Used from Olympus** may be greater than the **Approved Amount**. Revisit each Budget tab and adjust the values you entered so that the **Actual Amount Used from Olympus** is less than or equal to the **Approved Amount**.

If you're still having difficulties moving off this page, click **Save and Continue Later** to save your work, then contact Olympus Grants Administrators at 484-896-3939 or ocagrants@olympus.com.

SECTION 3 OF 4: SUNSHINE RECONCILIATION DETAILS

Please answer this question as it relates to **funds and/or equipment provided by Olympus**. If you're unsure how to respond, please contact Olympus Grants Administrators at 484-896-3939 or ocagrants@olympus.com.

Sunshine Reconciliation Details

SUNSHINE RECONCILIATION DETAILS

Please answer the question below as it relates to funds and/or equipment **provided by Olympus**. If you're unsure how to respond, contact Olympus Grants Administrators at 484-896-3939 or ocagrants@olympus.com.

Indirect Payments/Transfer of Value

* Was an indirect payment or transfer of value (TOV) made to a covered recipient or teaching hospital? Yes No

Save and Back Save and Continue Later Save and Proceed to Next Step

If you select **YES**, you must provide additional information **on screens not shown in this Guide**. Once you have provided all the required information, you will be able to advance to the next section of the Reconciliation Report. For additional guidance, contact **Olympus Grants Administrators** at 484-896-3939 or ocagrants@olympus.com.

If you select **NO**, click **Save and Proceed to Next Step** to move to the next section.

SECTION 4 OF 4: FINANCIAL RECONCILIATION

FINANCIAL RECONCILIATION

Please complete all required fields marked with a red asterisk (*).

Your **Executive Summary** document should include:

- High-level summary and self-evaluation of your event
- Discussion of deviations between proposed and actual budget and/or attendance values
- Comments on equipment support (if applicable)

If a refund is required, **do not** submit it at this time. We will contact you with additional instructions.

To submit your report, click **Save and Proceed to Next Step**, then click **Submit** on the next page.

You must click SUBMIT on the NEXT page in order to send your report to OLYMPUS.

Please follow the instructions and complete all the required fields marked with a red asterisk (*).

Financial Reconciliation

I certify that the funds received were used only for the activity detailed in my original request or approved change of scope. * Yes No

Actual Revenue Generated from Registration Only (if did not charge registration fees, enter 0) *	<input type="text"/>
Actual Revenue from Grant Support *	<input type="text"/>
Actual Revenue from Sponsorship/Exhibit Support *	<input type="text"/>
Actual Revenue - Other *	<input type="text"/>

Enter all your Actual Revenue values here.

Continued on next slide

Continued from previous slide

Total Proposed Program Costs

USD 25,000.00

This **proposed** value comes from your original application.

Amount Funded by Olympus

USD 5,000.00

Actual Total Program Costs

USD 24,900.00

These **actuals** come from the Budget section of your Reconciliation Report.

Actual Program Expenses Funded by Olympus

USD 5,000.00

Olympus' Percentage of Total Program Funding

20.00%

Amount Due Back to Olympus

USD 0.00

Amount Due Back to Olympus? DO NOT remit at this time. Grants Administrators will contact you with instructions after they review your Reconciliation Report.

If product was awarded by Olympus, please provide your feedback/comments

Executive Summary (see instructions above) *

 Browse... Clear

Outcomes

 Browse... Clear

Final Agenda *

 Browse... Clear

Budget Document (Actuals)

 Browse... Clear

Evaluation Summary

 Browse... Clear

To upload required documents (*), click **Browse...** and select the files from your computer.

Check this box to certify that the information you have provided is accurate and complete.

Want to include documents other than what's listed here? Click **Add Row** to upload additional files.

+ Add Row

* I certify that to the best of my knowledge the above grant reconciliation information is accurate and complete, and that I have taken reasonable steps to verify its accuracy and completeness. I understand that if any information changes or is found to be inaccurate in regards to the grant reconciliation, I am obligated to promptly report the updated and accurate information to Olympus by contacting ocagrants@olympus.com. I also understand that Olympus will comply with applicable federal and state laws and regulations, including, without limitation, the Physician Payments Sunshine Act, that require Olympus to disclose to certain government authorities information regarding the direct or indirect grant payments and/or transfers of value provided to health care professionals or entities, and that such government authorities may in turn publicly post or report the information. Grant recipient shall provide to Olympus any information or assistance reasonably necessary to comply with its obligations under such laws and regulations.

Click here to advance to the next step.

← Save and Back

Save and Continue Later

▶ Save and Proceed to Next Step →

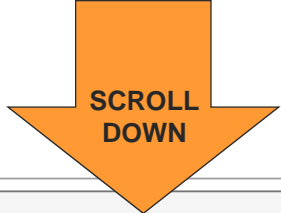
Your Reconciliation Report is almost done! Please scroll down to review your report and then click **Submit.**

Submit Reconciliation - Grant ID 000702

Participants

CAUTION!
Your Reconciliation Report is not complete until you click **SUBMIT**.

<i>Total # Of Activities :</i>	1			100
<i>Live Activities :</i>	1	<i>Live Learners :</i>		100
<i>Web Activities :</i>	0	<i>Web Learners :</i>		0



Delivery Format : Lecture(s)/Didactic Session(s)
of Speakers/Faculty Members : 12

Activity Start Date : 08 Mar 2017 Activity End Date : 09 Mar 2017 Venue : Allentown Hospital
 Country : United States City : Center Valley State/Province : PA
 Postal Code : 18034 Audience Generation Tactics : email Web URL :
 Venue URL :

Are you seeking product support from Olympus and/or Spiration for this activity : Yes No

Audience Group	Specialty	Category of Credit	CE/CME Credit Hours for Category	# of Actual Invitations Distributed	# of Actual Learners	# of Actual Learners to Receive Credit
Physicians	Gastroenterology	ACCME	9	100	100	100

Reconciliation Details

Continued on next slide

Continued from previous slide

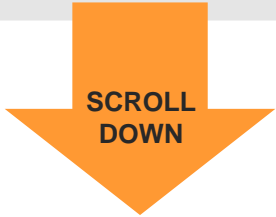
- Account & Activity Management
- Accreditation Costs
- Content Development
- Faculty and Staff Travel
- Honoraria
- Meals
- Meeting Logistics
- Outcomes

Production and Shipping

Account & Activity Management	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Logistics Management	1,000.00	1,000.00	500.00	500.00	Applied to AV Cost
Financial management	0.00	0.00	0.00	0.00	
Content Management	0.00	0.00	0.00	0.00	
Audience Generation Management	0.00	0.00	0.00	0.00	
Other	0.00	0.00	0.00	0.00	
	Program Costs: USD 1,000.00	Actual Total Program Costs: USD 1,000.00	Requested Amount from Olympus: USD 500.00	Actual Amount Used from Olympus: USD 500.00	

Sunshine Reconciliation Details

CAUTION!
Your Reconciliation Report is not complete until you click **SUBMIT**.



Was an indirect payment or transfer of value (TOV) made to a covered hospital?

I certify that the funds received were used only for the activity(ies) detailed in my original request or approved change of scope. Yes No

Actual Revenue Generated from Registration Only (if did not charge registration fees, enter 0)	USD 10000.00
Actual Revenue from Grant Support	USD 10000.00
Actual Revenue from Sponsorship/Exhibit Support	USD 5000.00
Actual Revenue - Other	USD 0.00
Total Proposed Program Budget	USD 25,000.00
Amount Funded by Olympus	USD 5000.00
Actual Total Program Budget	USD 24900.00
Actual Program Expenses Funded by Olympus	USD 5,000.00
Olympus' Percentage of Total Program Funding	20.08%

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Click SUBMIT to send your Reconciliation Report to Olympus.

Amount Due Back to Olympus USD 0.00

If product was awarded by Olympus, please provide your feedback/comments

Document Title	Uploaded Document File Name	Date	Download
Executive Summary (see instructions above)	CME Law and Policy.doc	22 Mar 2017	View
Final Agenda	CME Law and Policy.doc	22 Mar 2017	View

I certify that to the best of my knowledge the above grant reconciliation information is accurate and complete, and that I have taken reasonable steps to verify its accuracy and completeness. I understand that if any information changes or is found to be inaccurate in regards to the grant reconciliation, I am obligated to promptly report the updated and accurate information to Olympus by contacting ocagrants@olympus.com. I also understand that Olympus will comply with applicable federal and state laws and regulations, including, without limitation, the Physician Payments Sunshine Act, that require Olympus to disclose to certain government authorities information regarding the direct or indirect grant payments and/or transfers of value provided to health care professionals or entities, and that such government authorities may in turn publically post or report the information. Grant recipient shall provide to Olympus any information or assistance reasonably necessary to comply with its obligations under such laws and regulations.

[← Edit](#) [Submit →](#)

How do I know if my Reconciliation Report has been submitted properly?



After clicking Submit, you will automatically return to your Welcome page, which contains your Inbox.
Scroll down to check the status of the grant for which you just submitted a Reconciliation Report.

Welcome, Jane Gastro

SUBMITTING A REQUEST

Requests must be submitted at least 60 days before the program’s start date. The review and determination of grant requests can take up to 60 days. If you need to know your outcome sooner, apply 60 days prior to the date by which you need a decision.

Provide complete and accurate information. Incomplete requests and those that do not accurately represent the event seeking support will be denied. If Grant Administrators request additional information, a prompt response is required. Failure to respond by the given deadline will result in an ineligible and denied grant.

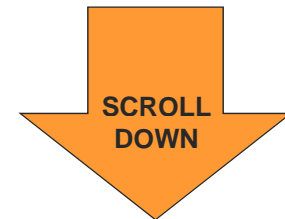
To help you complete your request, review the [Grant Application Guides](#) (step-by-step screen shots) and [Grant Application Checklists](#) (required data and documents).

FOR APPLICANTS REQUESTING EQUIPMENT

Step 1. Fill out the 2017 Olympus Product Support Form. (Select correct form located below. Alternative forms not accepted.)

- [US Medical/Surgical Product Support Form](#)
- [Canadian Medical/Surgical Product Support Form](#)
- [Microscopy Products Support Form \(US and Canada\)](#)

Step 2. Upload the 2017 Olympus Product Support form in the application section entitled “Delivery Format.” (Field appears if you indicate you are seeking product support for a certain delivery format of the event.) After submission, you will be contacted by an Olympus Workshops Specialist who will work with your organization on specific details. Timely responses are required.



SUBMITTING A RECONCILIATION REPORT

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SUBMITTING A RECONCILIATION REPORT

Following an approved event, an
will be denied and new requests

Submission of a request does not indica
Committee determinations are commur
are trained to remain separate and apar
equipment-related request. Thank you,

You'll know you've submitted your Reconciliation Report correctly if the grant's Status has changed to Review Reconciliation, which means it's time for Olympus Grants Administrators to review your report.

s of the program end date. If you miss the deadline, any pending grants
(be removed.)

de only after the Olympus Grants Committee has reviewed your complete request.
and all decisions are final. As a reminder, all Olympus sales and marketing personnel
circumstances when they might be asked by Olympus to solicit input regarding an

Submit New Request

Another sign you've completed this process? There is no Action Required.

Medical Education

Request ID	Request Type	Status	Program Title	Start Date	Submitted Date	Action required	View/Print Agreement
MED-GAS-702	Medical Education	Review Reconciliation	Spring Gastroenterology Meeting	08 Mar 2017	06 Feb 2017		View/Print Agreement
MED-BAR-684	Medical Education	GC Review	Program Title Here	15 Feb 2017	14 Dec 2016		
MED-BAR-678	Medical Education	GC Review	Bariatrics Annual Meeting	01 Apr 2017	06 Dec 2016		

Corporate Donations/ Advocacy

Request ID	Request Type	Status	Program Title	Start Date	Submitted Date	Action required	View/Print Agreement
DON-GAS-179	Corporate Donations	GC Review	Request test		15 Mar 2017		

Thank you for using the Olympus Grants Management System to complete reconciliation. Our Grants Administrators will review your report and contact you if we have additional questions about your submission. We will also provide additional instructions if a refund is due to Olympus.

Olympus Grants Administrators | 484-896-3939 | ocagrants@olympus.com