



EXELIXIS GRANTS AND GIVING PORTAL GRANT REQUESTOR REFERENCE GUIDE



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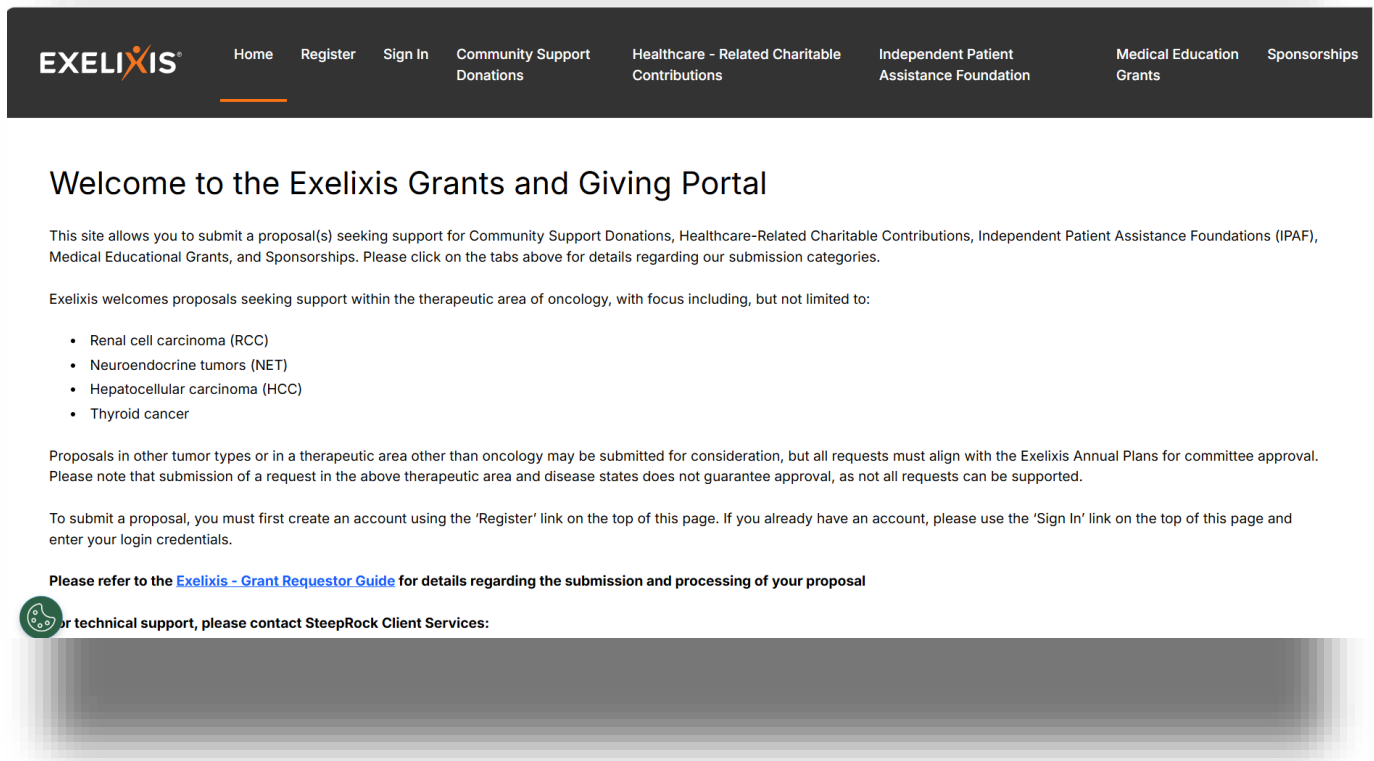
Purpose

This Grant Requestor Guide will assist with basic navigation and frequently used features within the Exelixis Grants and Giving Portal, including:

- Start a new Grant request
- Save a Grant request as a draft
- Submit clarifications on a request
- Understand how/when to reconcile the budget

How do I Register for Access?

Open a web browser* and navigate to <http://grants.exelixis.com/>. Register for your access by clicking on the **Register** button at the top of the screen.



* Internet Explorer 10+, Chrome, and Firefox are the preferred browsers. Please reference Helpful Settings at the end of this guide for pop-up windows guidance.

Selecting **Register** will take you to the **New User Registration** form.



New User Registration

▼ Applying Organization Summary

Country*

This field is required.

Requesting Organization*

This field is required.

Organization Address*

Organization City*

Organization State / Province*

Organization Post Code*

Organization Phone Number*

Organization Type*

Organization Status*

Registration Proof for Donations / IRS Determination Letter*

IRS 990 990-E*

Tax/Unique Organization ID Number*

Are you a third party acting on behalf of the Healthcare Organization?*

Healthcare Organization State/Province*

Healthcare Organization Post Code*

Required Organization Documents. Please upload the following documents.

▼ Contact Details

Salutation*

Organization Contact First Name*

Organization Contact Last Name*

Organization Title/Position*

Organization Contact Phone Number*

Organization Contact Email Address*

▼ Profile Access Credentials

Your password must contain at least 6 characters and include at least one uppercase character, one lowercase character and one number.

Email Address*

Enter Password*

Enter Password (Confirm)*

▼ Attestation

I confirm that I have read and understood the [Terms of Use](#) and [Privacy Disclaimer](#) of this website and that I accept that Exelixis will store and process the personal information that I submit upon registration for the purpose stated in the terms.*

▲ You have 24 incomplete fields.





Follow the registration form instructions below to complete your registration. **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. Additional fields may appear dependent upon a selection made in a previous field.

Applying Organization Summary complete all fields using information about the requesting organization.

Country, Organization State/Province, Organization Type and **Organization Status** are dropdown (▾) fields and you must select one of the provided options. **Organization Address, City, Post Code** and **Phone Number** are all free text fields. Use the 🔍 to search/select an existing organization in the **Requesting Organization** field.

× New User Registration

▾ Applying Organization Summary

Country* [! ▾]

Requesting Organization* [! 🔍]

Organization Address* [!]

Organization City* [!]

Organization State / Province* [! ▾]

Organization Post Code* [!]

Organization Phone Number* [!]

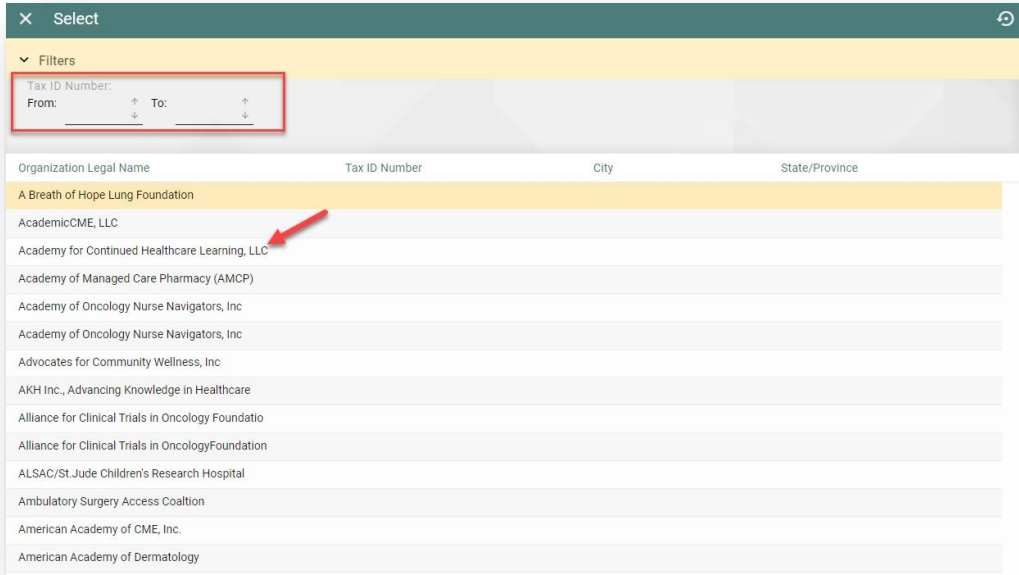
Organization Type* [! ▾]

Organization Status* [! ▾]

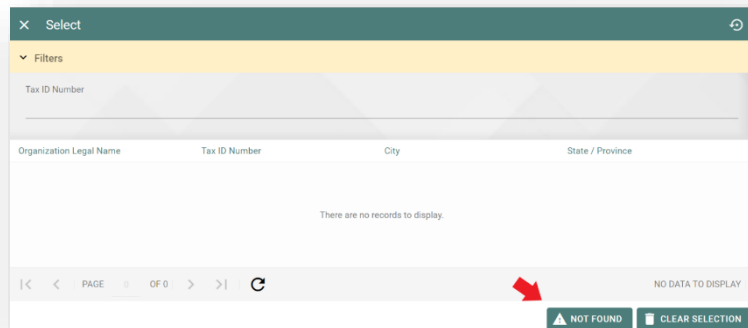




Use the filter option on the top of the window to search for your **Requesting Organization** using the **Tax ID Number**. Click on the the row of the Organization to select it.




If you do not see your organization, click the **Not Found** button at the bottom right corner.





Once selected, you will be taken back to the Registration page where you will be able to enter your Organization information. The **Requesting Organization** field will show **Not Found**.

If you do find your Organization, after you click on your Organization, you will be returned to the **New User Registration** page. Click  to upload **Registration Proof for Donations/IRS Determination Letter** and **W9/W-8BEN**

Contact Details complete all fields using information about the point of contact.

Profile Access Credentials – enter the email address and password you will use to access the portal.



Profile Access Credentials

Email Address*

Enter Password*

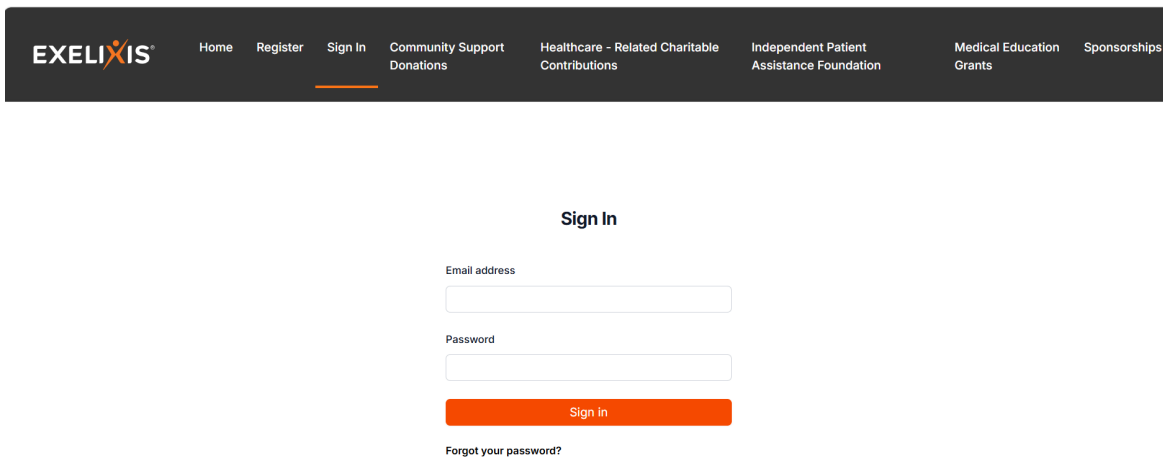
Enter Password (Confirm)*

Lastly read and check the **Attestation** statement agreeing to the Terms of Use and Policy Disclaimer to complete your registration. You will receive an email confirming your registration to the Exelixis Grants and Giving portal.

Attestation

I confirm that I have read and understood the [Terms of Use](#) and [Privacy Disclaimer](#) of this website and that I accept that Exelixis will store and process the personal information that I submit upon registration for the purpose stated in the terms*

To log in to your account, open the website <http://grants.exelixis.com/>, click the **Sign In** button at the top of the page. Enter your **Email Address** and **Password**, then click on **SIGN IN**



Note: E-mail

notifications will be sent to the registered user account throughout the process to acknowledge registration, receipt of request, and to convey the review committee's decision.





Submit a New Request

After logging in, you will see your Homepage. On your Homepage, click on the **+New Request** tile. You will be brought to the **New Request** page to enter the details of the Grant request.

Homepage view:

Welcome Jack,

Exelixis' Grants and Giving Portal allows you to submit a proposal(s) seeking support for Community Support Donations, Healthcare-Related Charitable Contributions, Independent Patient Assistance Foundations, Medical Educational Grants, and Sponsorships.

Community Support Donation, Healthcare-Related Charitable Contribution, and Sponsorship proposals must be submitted at least 60 days prior to the program start date, if applicable.

Medical Education grant proposals must be submitted at least 90 days prior to the program start date and at least 60 days prior to the funding decision needed date.

New Request

Settings

Help

My Submitted Requests

| Request ID Number | Title | Status |
|-------------------|---|----------------------|
| MED-ONC-766 | Novel Combinations and Strategies in the Treatment of Advanced Renal Cell Carcinoma | Withdrawn/Terminated |



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. Additional fields may appear dependent upon a selection made in a previous field.

Select the **Type of Request** using the dropdown menu which will determine the additional fields that will appear. The example below will be for a Medical Education Grant.


Request Summary

Type of Request*

- Community Support Donation
- Healthcare Related Charitable Contribution
- Independent Patient Assistance Foundations
- Medical Education Grant
- Sponsorship

The Support Type will default to funding. Enter the Event/Program Name and then type or click on the calendar icon to enter the **Event/Program Start Date, Event/Program End Date** and **Funding**



Determination Needed By date. **Whenever you see a  hover over it to get tool tips regarding the specific field.*

Use free text to enter the **Amount Requested from Exelixis** and **Total Event Program Budget**. The **Currency** will default to USD. Use the dropdown options to select the **Therapeutic Area** and **Program Type(s)**.



Select **Yes** or **No** for **Do you (the Requestor) have the legal authority to sign the Letter of Agreement from Exelixis?** If you select **No**, you will be required to enter the **Authorized Signers Last Name, First Name, Title, Email Address and Phone Number**.

Authorized Signer/Payee

Do you (the Requestor) have the legal authority to sign the Letter of Agreement from Exelixis?
No

Authorized Signer Last Name*
This field is required.

Authorized Signer First Name*
This field is required.

Authorized Signer Title*
This field is required.

Authorized Signer Email Address*
This field is required.

Authorized Signer Phone Number*
This field is required.

Use free text to enter the **Program/Event Description**. Select **Yes** or **No** for **Has Exelixis previously supported this program?** If **Yes**, use free text to enter **What year(s) was the previous funding received?**

Request Details

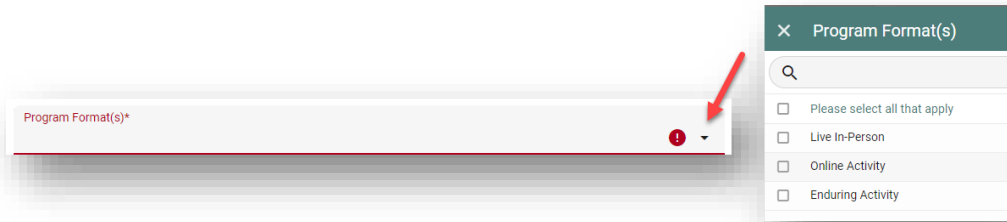
Program/Event Description*
xxx

Has Exelixis previously supported this program?*
Yes

What year(s) was the previous funding received?*
This field is required.

EXELIXIS[®]

Use the dropdown arrow to select the **Program Format(s)**. The checkbox allows you to select multiple options.



If Program Format includes Live In-Person, use the dropdown to select the live event type(s) in the **Is the Live Event?** field. The checkbox allows you to select multiple options.





Complete the Venue fields using free text and dropdown options.

| | |
|------------------------------|-----|
| Venue Name* | ! |
| Venue Country* | ! ▾ |
| Venue City* | ! |
| Venue State/Province* | ! ▾ |
| Venue Post Code* | ! |
| Venue URL www.example.com | |

Select **Yes** or **No** for **Are you charging a registration fee to the program attendees?** and **Is other financial support being sought for his program?** If yes, use free text to enter the **Registration Revenue** and **Please list other sources of financial support.**

| | |
|--|----------|
| Are you charging a registration fee to the program attendees?* | |
| Yes | ▾ |
| Registration Revenue* | USD ▾ ! |
| Money | Currency |
| Is other financial support being sought for this program?* | |
| Yes | ✕ ▾ |
| Please list other sources of financial support* | |

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Select **Yes** or **No** for **Is this and accredited event?** If Yes you will need to answer additional accreditation questions. Make sure you place a check in the box **certifying the program is accredited and all program elements will abide by the conditions set forth the associated accrediting bodies.**

Event Accreditation

Is this an accredited event?*

Yes

Is your organization the accreditor of this program?*

This field is required.

Will you be working with a third party implementer/educational partner?*

This field is required.

Number of Credit Hours*

This field is required.

Accreditation Types?*


This field is required.

By checking this box I certify this program is accredited and all program elements will abide by the conditions set forth by the associated accrediting bodies.*



The delivery format fields will appear based on the Program Formats selected earlier in the request. All formats are completed the same way. The example below will be for Online.

Enter the **Online Activity Title**, **# of Online Speakers/Faculty Members** and **Total Expected Number of Online Learners** using free text. Use the drop down arrow to select the **Online Activity Type**, **Geographic Reach** and **Online Audience Generation Tactics**. Type or click on the calendar icon to enter the **Release Date** and **Expiration Date**.

To enter the **Audience Information**, click on the  to add a row. Use the dropdown arrows to select the **Audience Group** and **Accreditation Type**. Use free text to enter the **CE/CME Credit Hours**, **# of Expected Learners** and **# Expected Learners to Receive Credit**. Click **UPDATE** to accept the entry. Repeat the steps to add additional rows.



Online Audience Information*

| Online Audience Group | Accreditation Type | CE/CME Credit Hours | # of Expected Online Learners | # Expected Online Learners to Receive Credit |
|-----------------------|--------------------|---------------------|-------------------------------|--|
| Caregivers | ACCME | 5 | 100 | 95 |

UPDATE CANCEL

Use the dropdown to select the **Level(s) of Outcomes to be Measured**. Click **SELECT FILE....** to upload the **Detailed Outcomes Measurement Plan**.

Outcome Measurements

Level(s) of Outcomes to be Measured*

This field is required.

Detailed Outcomes Measurement Plan*

SELECT FILE...

This field is required.

Level(s) of Outcomes to be Measured

- Please select all that apply
- Level 1: Participation (e.g. attendance, tracked actions)
- Level 2: Satisfaction (e.g. questionnaires, surveys following activity)
- Level 3: Knowledge (e.g. pre- and post-tests, self-reports of knowledge gained)
- Level 4: Competence (e.g. self-reports of competence, intention to change)
- Level 5: Performance (e.g. practice pattern assessment survey (pre/post) [patient case-based study], self-reports of performance change [follow-up survey/interview])

All the **Activity Budget** fields are completed the same way. The example below will be for Program Management.

To enter the budget information, click on the **+** to add a row. Use the dropdown arrows to select the **Program Format** and **Line Item**. Use free text to enter the **Description/Unit**, **Est # of Units**, **Est. Cost/Unit** and **Amount Requested from Exelixis**. Click **UPDATE** to accept the entry. Repeat the steps to add additional rows. *If *No Expenses in this Category is selected as the Line Item, enter zeros for the Est # of Units, Est. Cost/Unit and Amount Requested from Exelixis*



Activity Budget

Program Management*

| Program Format | Line Item | Description/Unit | Est # of Units | Est. Cost/Unit | Amount Requested from Exelixis |
|-----------------|--------------------|------------------|----------------|----------------|--------------------------------|
| Online Activity | Program Management | xxx | 10 | 1000 USD | 5000 USD |

UPDATE CANCEL

Please note – Depending on how zoomed in your screen is, you may need to scroll the line item over to the right using the scroll bar to see the Amount Requested from Exelixis field.

Content Development*

| Program Format | Line Item | Description / Unit | Est # of Units | Est. Cost / Unit | Amount Requested from Exelixis |
|----------------|-----------|--------------------|----------------|------------------|--------------------------------|
| | | | | USD | USD |

UPDATE CANCEL

Click **SELECT FILE...** to upload the **Detailed Budget**.

Detailed Budget*

SELECT FILE...

This field is required.

Use the dropdown arrow to select **Preferred Payment Type**. The type will determine additional fields that will display. Select **Yes** or **No** for **Is the Payee Address the same as the Recipient Organization address?** If No, you will be required to provide the payee address information. Use free text to complete the **Attention To** field.



Payment Information

Preferred Payment Type*
This field is required.

Is Payee Address the same as the Recipient Organization address?*

Attention To*

Select **Yes** or **No** for **Is the current Tax Documentation (W-9/W-8BEN) in your profile up to date?** and **Is the current IRS Letter of Determination in your profile up to date?** If no, you will be required to upload the current file. Upload the **Needs Assessment Summary, Letter of Request/Proposal** and **Detailed Agenda** using the **SELECT FILE....** buttons.

Documentation

Is the current Tax Documentation (W-9/W-8BEN) in your profile up to date?*

Is the current IRS Letter of determination in your profile up to date?*

Needs Assessment Summary*
SELECT FILE...
This field is required.

Letter of Request/Proposal*
SELECT FILE...
This field is required.

Detailed Agenda*
SELECT FILE...
This field is required.

Supporting Documents **+**

| <input type="checkbox"/> | Description |
|----------------------------------|-------------|
| There are no records to display. | |

If you have any additional **Supporting Documents**, click on the **+**. The **New Document** window will open, enter a **Description** and use the **SELECT FILE...** button to upload additional documents. Repeat steps as needed for all supporting documents.



New Document

Details

Description*

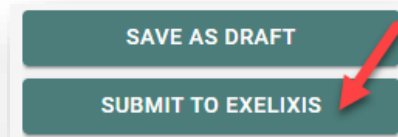
Document*

SELECT FILE...

You have 2 incomplete fields.

SAVE

After all fields are completed click on the **SUBMIT TO EXELIXIS** to submit your request.



Your Submitted request will be displayed on your Homepage under **My Submitted Requests** with the Status listed as **Submitted**.

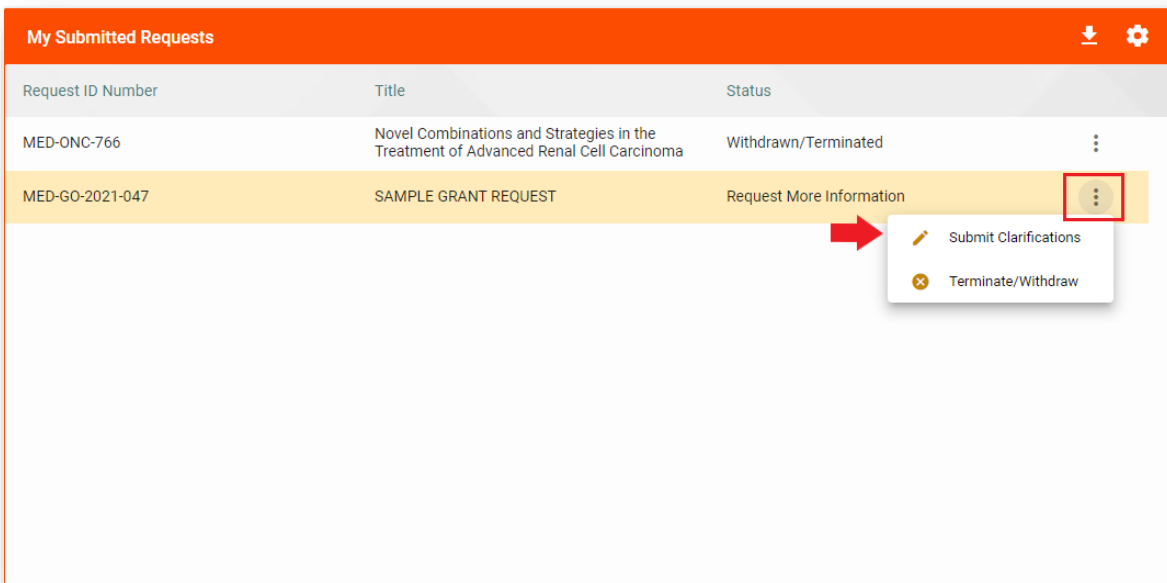
| Request ID Number | Title | Status |
|-------------------|--|----------------------|
| MED-ONC-766 | Novel Combinations and Strategies in the | Withdrawn/Terminated |
| MED-GO-2021-047 | SAMPLE GRANT REQUEST | Submitted |



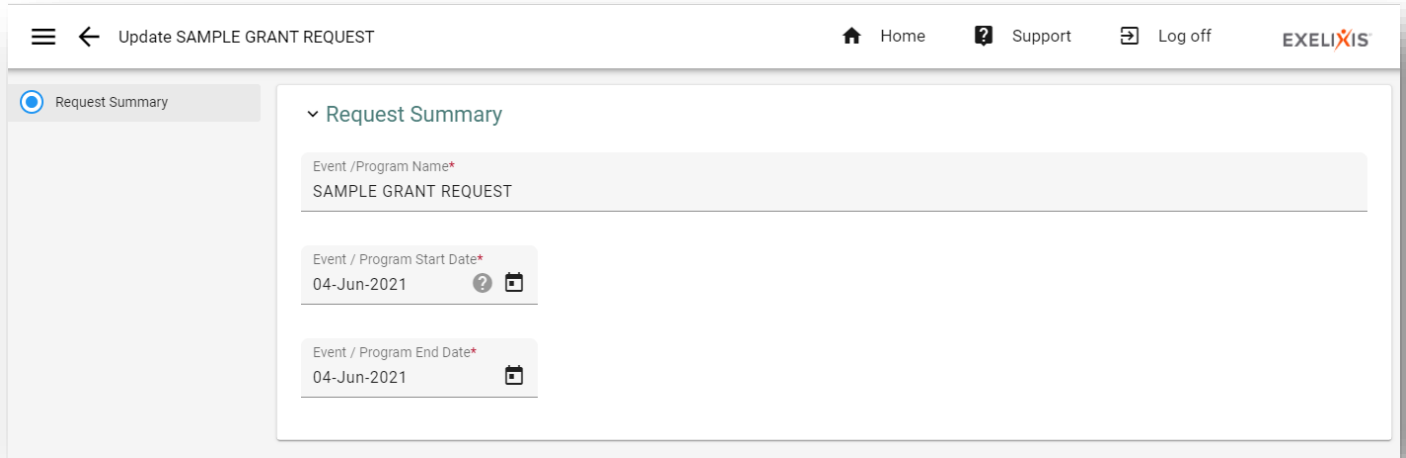
Respond to a Request for Clarifications

After your request has been submitted, Exelixis will start the review process. If clarifications are requested for your Request, you will be notified by email. The Status will be updated to **Request More Information**.

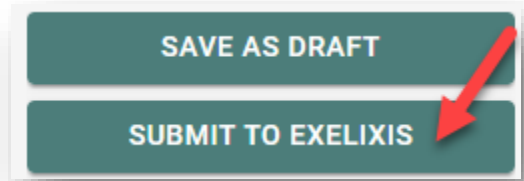
To respond to a request for clarifications you can select the link from the notification email which will bring you to the login screen to log in to your portal. Go to your Homepage, under the **My Submitted Requests** section you will see the Status is listed as **Request More Information**. Click the three dots next to your Request and click on **Submit Clarifications**.



Based on the type of clarifications requested, you will be presented with the corresponding field(s), on the Request screen to enter your clarifications. Your screen will display only the fields in which clarifications were requested.



Upon reviewing your clarifications, you have the option to **SAVE AS DRAFT** or **SUBMIT TO EXELIXIS**. Once you are ready to send the information to Exelixis, click on the **SUBMIT TO EXELIXIS** button.



Your resubmitted Request will be displayed on your Homepage under the **My Submitted Requests** with the Status listed as **Resubmitted**. You will receive an email indicating that your Request has been Resubmitted.



| My Submitted Requests | | |
|-----------------------|--|----------------------|
| Request ID Number | Title | Status |
| MED-ONC-766 | Novel Combinations and Strategies in the | Withdrawn/Terminated |
| MED-GO-2021-047 | SAMPLE GRANT REQUEST | Resubmitted |

Approval/Denial Notification

When a decision is made upon reviewing your Request, you will receive an Email notification informing of the decision. The Status will be updated on your **My Submitted Requests** section on your homepage.

If your Request is approved, your email will inform you of the funding support requests.

Requests that Require Agreements

Documents that require signatures will be available for the user who was listed as the Authorized Signer. From the **My Submitted Requests** table, click on the Request in the **Approved/In Contracting – Pending Requester Signature** status.



| My Submitted Requests | | | | |
|-----------------------|---|---|--|--|
| Request ID Number | Title | Status | | |
| MED-ONC-766 | Novel Combinations and Strategies in the Treatment of Advanced Renal Cell Carcinoma | Withdrawn/Terminated | | |
| MED-GO-2021-047 | SAMPLE GRANT REQUEST | Approved/In Contracting - Pending Requester Signature | | |

Navigate to the **DOCUMENTATION** tab. You can download the Agreement by clicking the document link in the **Partially Executed Agreement** field.

OVERVIEW REQUEST DETAILS BUDGET DETAILS PAYMENT DETAILS OUTCOME MEASUREMENTS **DOCUMENTATION** REVIEW DETAILS

▼ Documentation

Is the current Tax Documentation (W-9 / W-8BEN) in your profile up to date?
Yes

Is the current IRS Letter of determination in your profile up to date?
Yes

Needs Assessment Summary

test.docx [379.8 KB]

Letter of Request / Proposal

test.docx [379.8 KB]

Detailed Agenda

test.pdf [95.1 KB]

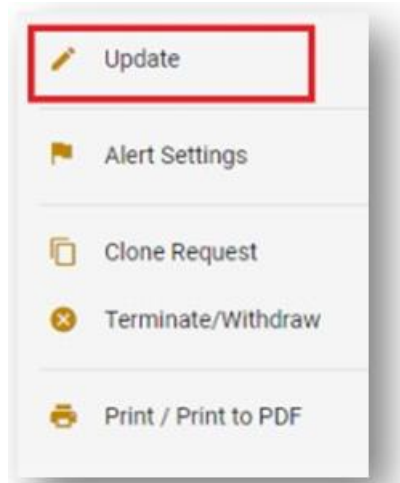
Partially Executed Contract

02-03-21 Med Ed LOA (1).docx [19.7 KB]

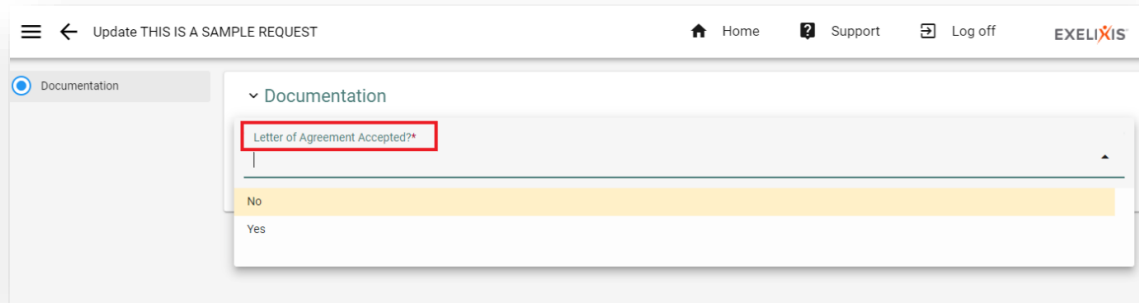




Review the Agreement. Click the **Update** button on the left-hand side of the Request.



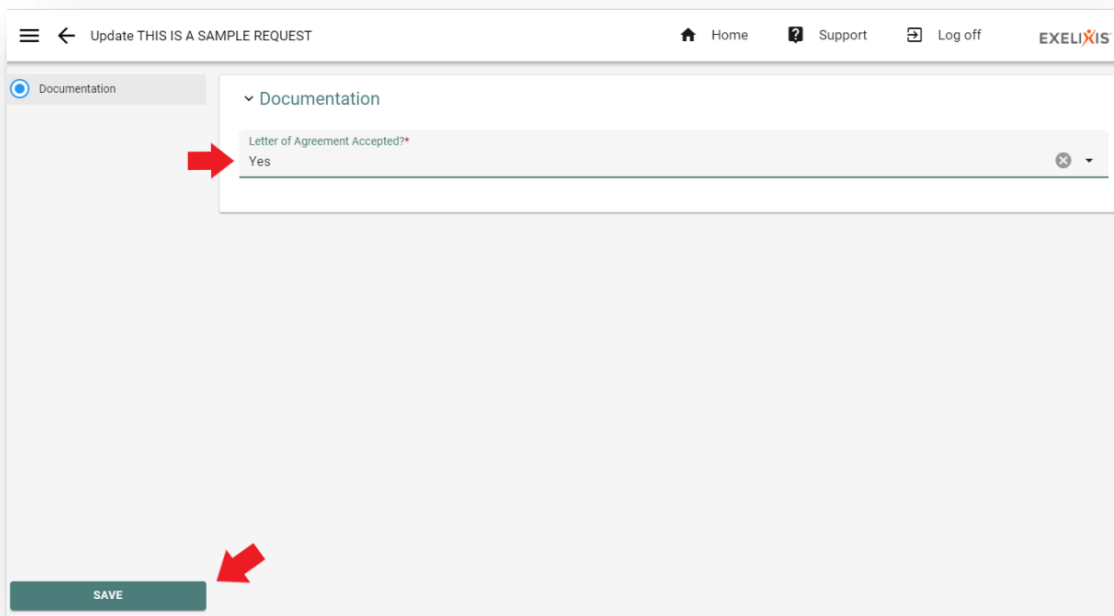
The update page will open and the only field you will see is the **Letter of Agreement Accepted** field.



The screenshot shows a web application interface for updating a sample request. The page title is "Update THIS IS A SAMPLE REQUEST". The navigation bar includes "Home", "Support", and "Log off" links, along with the EXELIXIS logo. A sidebar menu on the left has "Documentation" selected. The main content area is titled "Documentation" and contains a single form field labeled "Letter of Agreement Accepted?". The field is currently empty, and a red box highlights the label. Below the field, there are two radio button options: "No" and "Yes".

Approving the Letter of Agreement

If you approve the Letter of Agreement, select the **Yes** drop-down option in the **Letter of Agreement Accepted** field and click the **SAVE** button.



The screenshot shows the same web application interface as the previous one, but with the "Letter of Agreement Accepted?" field now containing the "Yes" option. A red arrow points to the "Yes" option. At the bottom of the page, a green "SAVE" button is highlighted with a red arrow.



The Request will move into the **Fully Executed** status.

Denying the Letter of Agreement

If you do not approve the Letter of Agreement and have updates that you would like to make, select the **No** option in the **Letter of Agreement Accepted** field. You will be prompted to Contact Exelixis directly to discuss the Letter of Agreement.

A screenshot of the EXELIXIS web application interface. The page title is "Update THIS IS A SAMPLE REQUEST". The navigation bar includes "Home", "Support", "Log off", and the EXELIXIS logo. The main content area is titled "Documentation" and contains a form with the following elements:

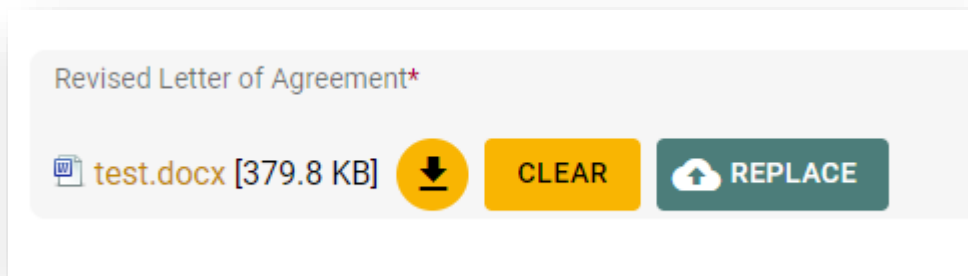
- A dropdown menu labeled "Letter of Agreement Accepted?" with the option "No" selected.
- A green message box that says "Please contact Exelixis directly to discuss letter of agreement."
- A red label "Revised Letter of Agreement*" above a file upload area.
- A green button labeled "SELECT FILE..." with a cloud icon.
- A red error message "This field is required." below the file upload area.

Once you select the No drop-down option, the **Revised Letter of Agreement** will populate.

A close-up screenshot of the "Revised Letter of Agreement*" field. It features a green button with a cloud icon and the text "SELECT FILE...". Below the button, a red error message reads "This field is required.".



Click the **SELECT FILE** button to upload a revised copy of the **Letter of Agreement**.



Once the Revised Letter of Agreement is uploaded, click the **SAVE** button. The status of the Request will move to the **In Contracting** status.





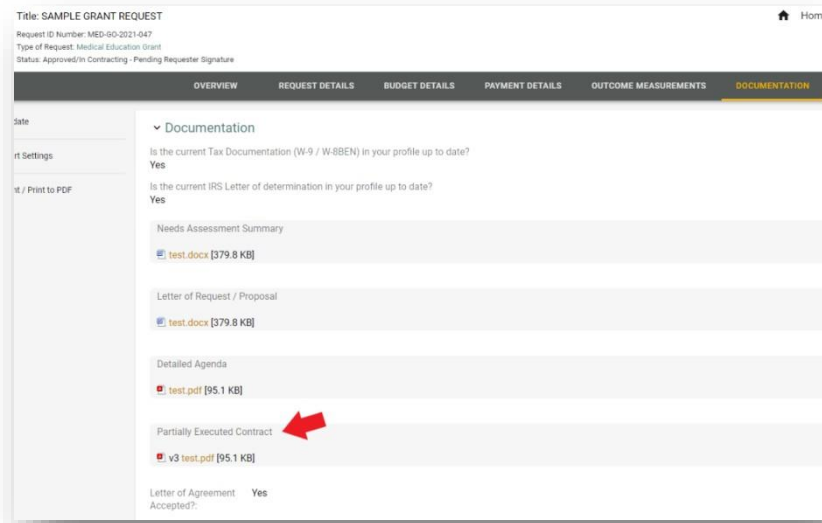
Exelixis will review the **Revised Letter of Agreement**. If approved, they will upload the partially executed Letter of Agreement to the Request record and send back to you for review and approval. Once the Revised Letter of Agreement is sent back to you, you will receive the notification that you have documents to sign.

At this time, you will log back into the portal. The Request will be listed within the **Requests Pending Signature** window on your homepage.

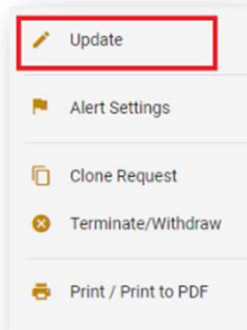
To review the **Letter of Agreement**, click on the request.

| Request ID Number | Event /Program Name | Applying Organization | Type of Request | Event/Program Start Date | Event/Program End Date | Amount Requested from Exelixis | |
|-------------------|---------------------|-----------------------|----------------------------|--------------------------|------------------------|--------------------------------|---|
| CSD-2021-005 | THIS IS A SAMPLE... | Angel Foundation | Community Support Donation | 05-Jun-2021 | 05-Jun-2021 | \$5,000.00 USD |  |

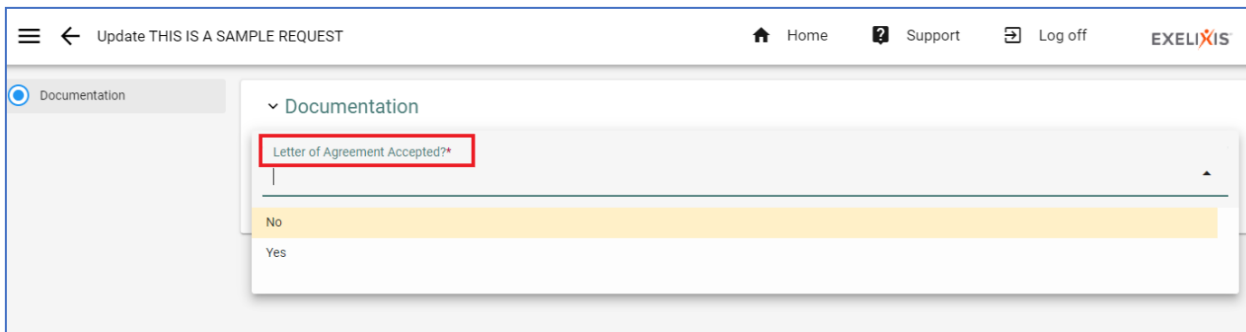
This will take you to the view page of the submitted Request. Navigate to the **DOCUMENTATION** tab. Within the **DOCUMENTATION** tab you will see the **Partially Executed Contract** field. You can download the PDF of the contract by clicking on the pdf link. Once selected, the contract will download to your computer for your review.



Once you have reviewed the agreement, click **the Update** button on the left-hand side of the page.

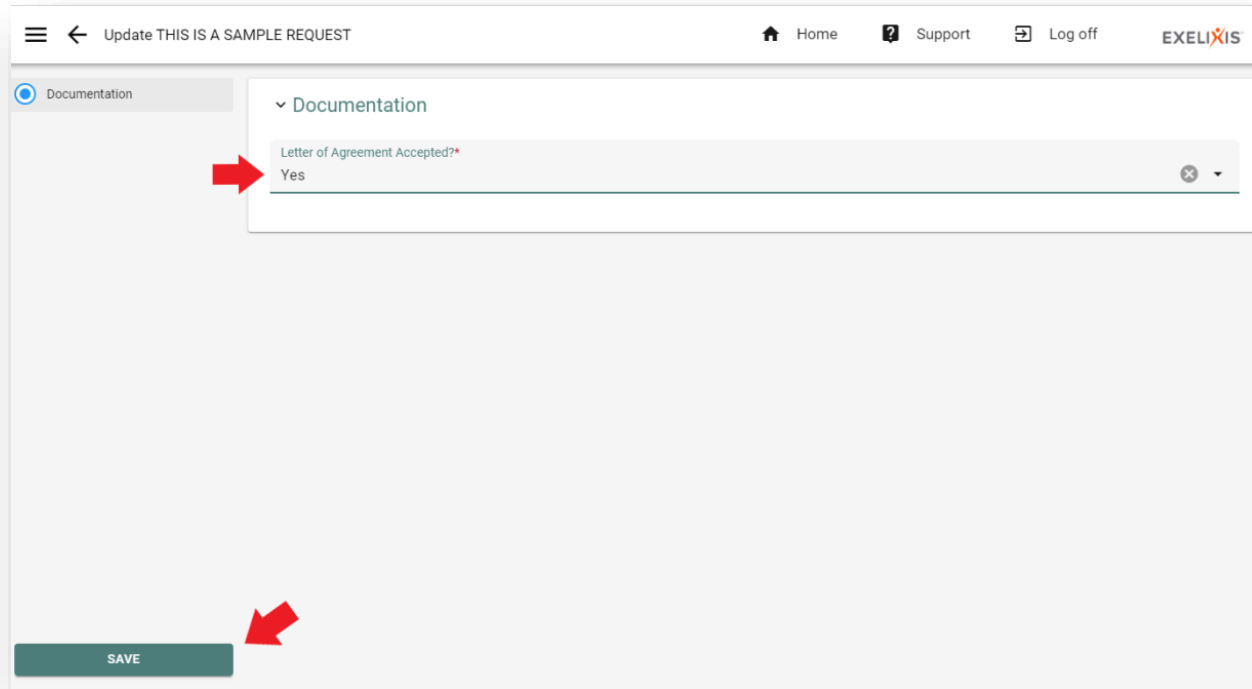


The update page will open and the only field you will see is the **Letter of Agreement Accepted?** field.





If you approve the Contract, select the **Yes** option, and click the **SAVE** button.



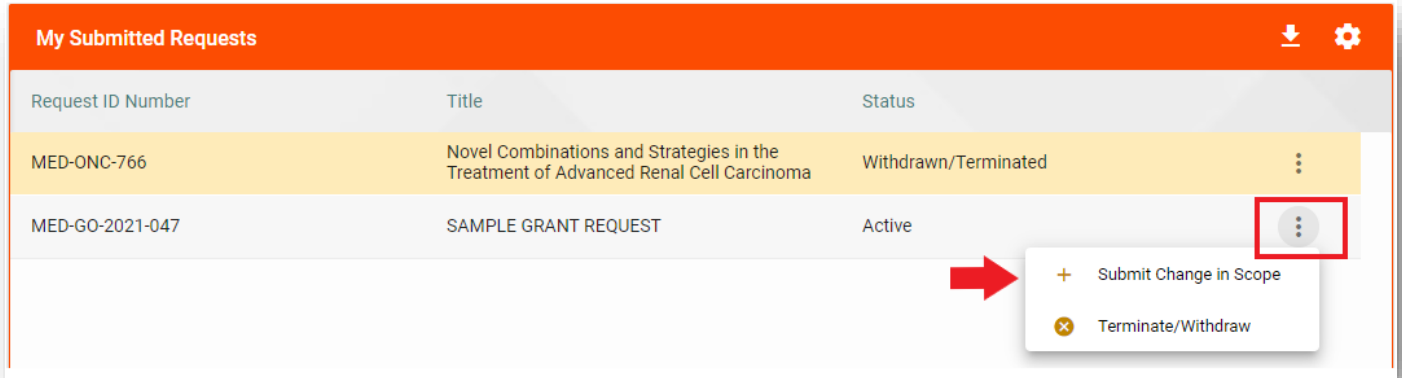
The Request will move into the **Fully Executed** status.





Request Change in Scope

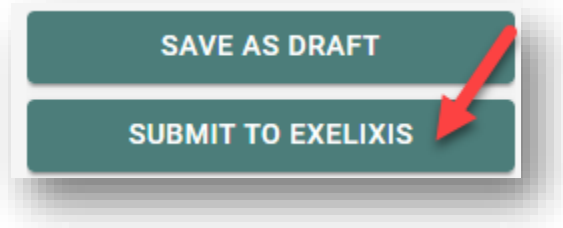
Once a Request is Active, you will have the ability to Request a **Change in Scope**. To do this, start by navigating to your Homepage and selecting the three dots to the right of the Request within your **My Submitted Requests** table. This will display the options available. Select the **+Submit Change in Scope** option.



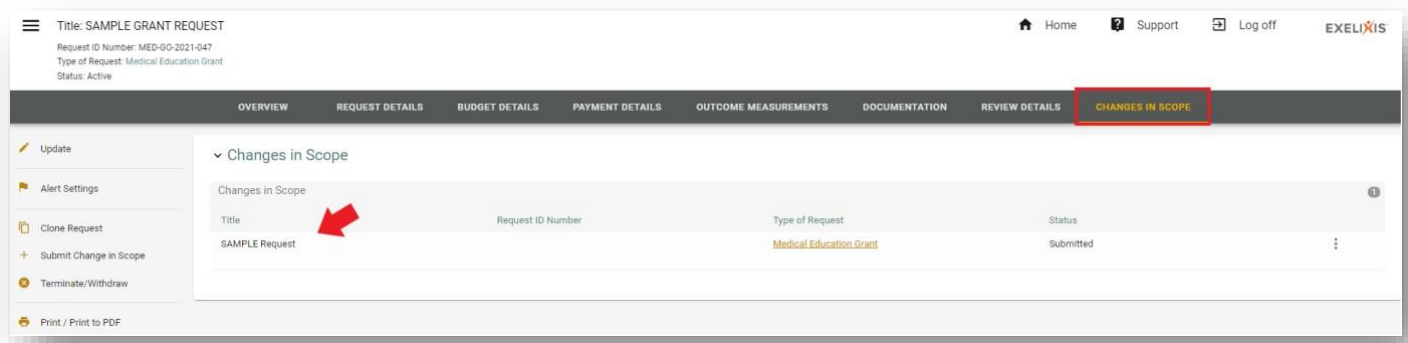
Selecting **+ Submit Change in Scope** will bring you to the **Add Scope Change** page. You will be presented with the fields to complete based on the **Support Type** you selected. Fill in all red required fields.



Once completed, click the **SUBMIT TO EXELIXIS** button to submit your **Change in Scope** request.



Once Submitted, the Change in Scope Request will be listed under the **Changes in Scope** tab on the Request Record.

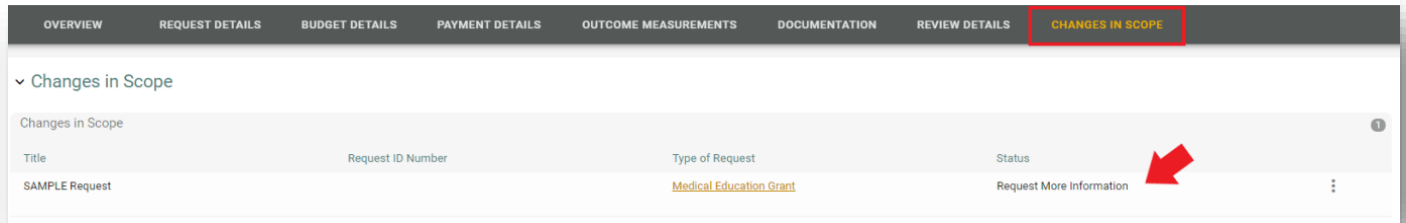


The Exelixis Request Coordinators will review your Change in Scope request.

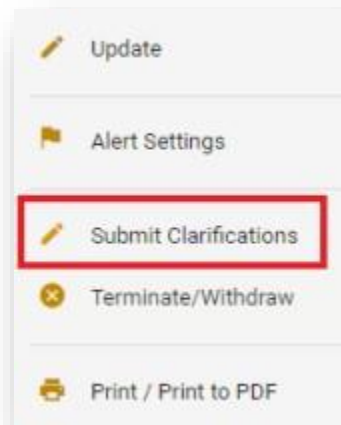
Request Clarifications

If the Exelixis Request Coordinators have questions about your request, they will send it back to you to update and you will receive an email that Clarifications have been requested.

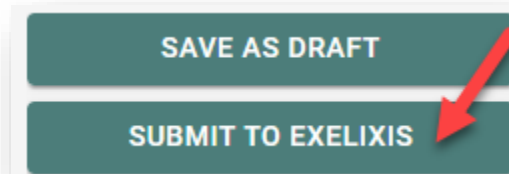
Navigate to the **CHANGES IN SCOPE** tab on your Request record. Your Change in Scope request will be located in the **Changes In Scope** field and the status of the change in scope request will be **Request More Information**.



To edit your request, click on the record in the **Changes In Scope** field. This will take you to your Change in Scope Request. Click the **Submit Clarifications** button on the left-hand side of the page to update the information as requested.



After completing your updates on the Edit Scope Change page, click on **SUBMIT TO EXELIXIS**. You can also save your changes as a Draft to submit later.



Upon selecting the **SUBMIT TO EXELIXIS** 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.



Submit the Budget Reconciliation and Final Outcomes Report

If your request has the Program Type of Medical Education, you will need to submit your budget reconciliation and final outcomes report in the portal when your Request activity has been completed. After the event end date has passed, you will receive an email reminder that your Budget Reconciliation and Final Report is due. The system will guide you through the required fields to complete your Budget Reconciliation and Final Report.

Please note – Only the Requests with the Program Type of ‘Medical Education’ will be required to submit the Reconciliation and Final Report. All other Program Types will not be required to submit this information.

From the Homepage, under the **My Submitted Requests** window, you can view your Requests. Locate your Request in the ‘Reporting Due’ or ‘Reporting Overdue’ status and click on the three dots in the far-right column. Select the **+ Submit Budget Reconciliation / Final Report** option.

| Request ID Number | Title | Status | |
|-------------------|--|-------------------|---|
| MED-512 | | Draft | ⋮ |
| MED-HCC-2022-393 | KAMA 47th ANNUAL SCIENTIFIC CONVENTION | Reporting Overdue | ⋮ |
| MED-ONC-1228 | Live Local Series: Renal Cell Carcinoma: Immunotherapy-Based Treatments, Risk... | Closed | ⋮ |

The **Update** page will display. The **Delivery Format** questions will display first. To add your Actuals, select the row and then click **Pencil Icon**

| Live Audience Group | Accreditation Type | CE / CME Credit Hours | # of Expected Live In-Person Learners | # Expected Live In-Person Learners to Receive Credit | Actual Number of Learners | Actual Number of Learners who Received Credit |
|---------------------|--------------------|-----------------------|---------------------------------------|--|---------------------------|---|
| Physicians | ACCME | 13 | 250 | 250 | | |






The Row will open up two entry fields. Add in your Actuals and click the **Update** button to save the line item.

Live In-Person Audience Information*

| Live Audience Group | Accreditation Type | CE / CME Credit Hours | # of Expected Live In-Person Learners | # Expected Live In-Person Learners to Receive Credit | Actual Number of Learners | Actual Number of Learners who Received Credit |
|---------------------|--------------------|-----------------------|---------------------------------------|--|---------------------------|---|
| Physi... x | ACCME | 13 | 250 | 250 | 251 | 251 |

UPDATE CANCEL

Next, Each **Line-Item Budget** that you had previously entered a value into will be displayed. It will be necessary to confirm an **Actual Totals**.

For a Line Item that has an entry, select the row and then click **Pencil Icon** .

Content Development*

| Program Format | Line Item | Description / Unit | Est # of Units | Est. Cost / Unit | Amount Requested From Exelixis | Actual # of |
|----------------|---------------------|--------------------|----------------|------------------|--------------------------------|-------------|
| Live In-Person | Content Development | 25000 | 2 | \$50,000.00 USD | \$1,000.00 USD | |

Row 0 - Actual # of Units: This field is required.

The Row will open up three entry fields, **Actual # of Units** , **Actual Cost / Unit** and **Actual Spent from Exelixis**. You will enter the actual values that applied to your Request.

After completing your entry of **Actual # of Units** **Actual Cost / Unit** and **Actual Spent from Exelixis**, click on the **Update** button.

This will need to occur for each line with an entry. You may need to scroll to the right to see the **Actual # of Units**.





Content Development*

| Est. Cost / Unit | Amount Requested From Exelixis | Actual # of Units | Actual Cost / Unit | Actual Spent from Exelixis | Comments / Details |
|------------------|--------------------------------|-------------------|--------------------|----------------------------|--------------------|
| 50000.00 USD | 1000.00 USD | | | | |

UPDATE CANCEL

You will also need to submit your **Reconciled Budget** and check that you certify that the funds received were used only for the activities detailed in your original request or change of scope.

∨ Total Budget

Reconciled Budget*

I certify that the funds received were used only for the activity(ies) detailed in my original request or approved change of scope.*

Outcome Measures


Finally, you will need to confirm the highest level of outcome reached. In the **What was the highest level of outcome reached?** Field, select the option from the drop-down list.

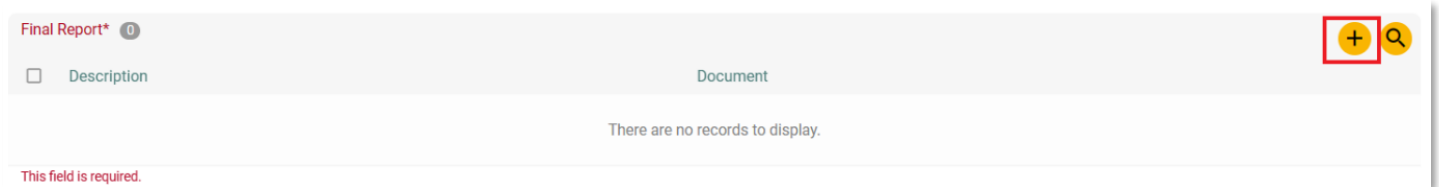
What was the highest level of outcome reached?

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5

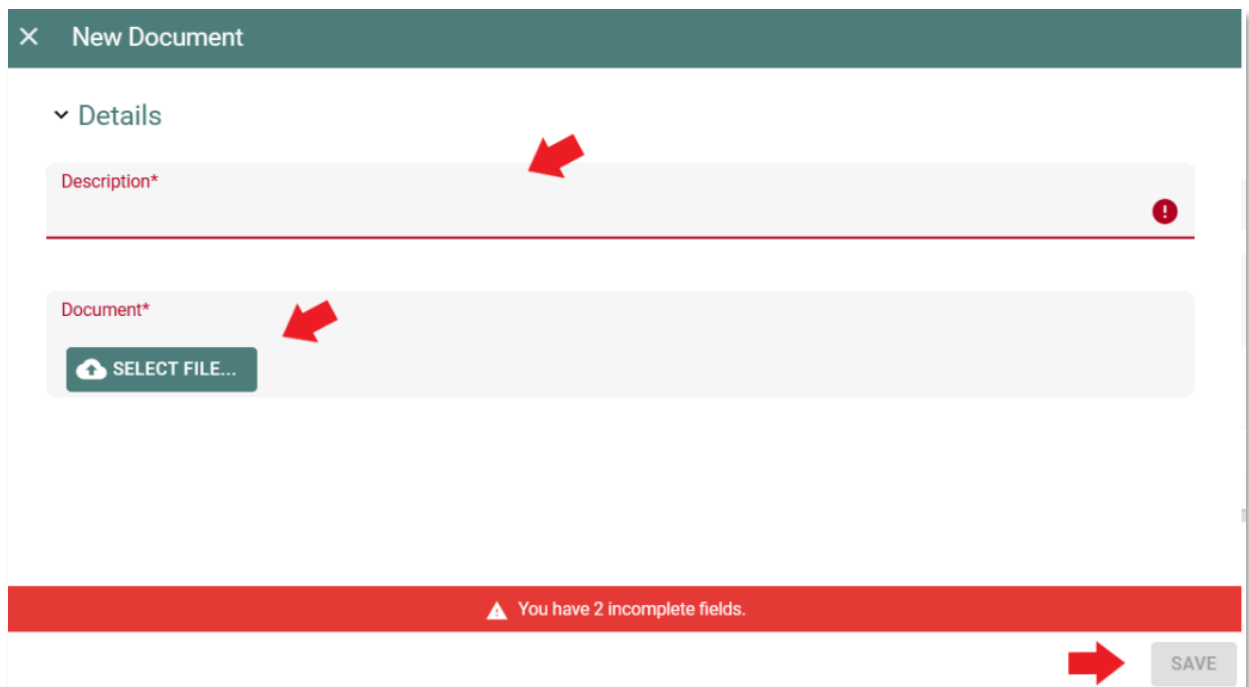




Additionally, you will need to upload your Final Report in the **Final Report** field. You can upload your report by selecting the  icon in the **Final Report** field.



The **New Document** page will open. Enter your document title in the **Description** field. Next, click **SELECT FILE** next to **Document**. This will allow you to upload your Final Report Documents.



This process can be repeated multiple times until all Final Report documents are uploaded. Upon completion, select the **SAVE** button on the bottom right. This will direct you back to the **Budget Reconciliation** page.

At this time, the **SUBMIT TO EXELIXIS** button will be active. Click this button to Submit your Budget Reconciliation to Exelixis.





SAVE AS DRAFT

SUBMIT TO EXELIXIS





Helpful Settings

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

1. Open **MS Internet Explorer**.
2. Select the 'Tools' tab.
3. Scroll down to 'Pop-up Blocker.'
4. Select 'Pop-up Blocker settings.'
5. Type **.steeprocks.com* into the 'Address of website to allow:' field.
6. Select 'Add' and 'Close.'

1. Open **Firefox**.
2. Select the 'Tools' tab.
3. Select the 'Content' tab.
4. Select 'Pop-ups' 'Exceptions' button across from the 'Block pop-ups windows' check box.
5. Type **.steeprocks.com* into 'Address of website:' field.
6. 'Save Changes.'

1. Open **Chrome**.
2. Select the Chrome menu ☰ button on the top right-hand side.
3. 'Settings.'
4. 'Show Advanced Settings.'
5. Under 'Privacy,' select 'Content Settings.'
6. Under 'Pop-ups,' select 'Manage Exceptions.'
7. Type **steeprocks.com* into the 'Hostname pattern' field.
8. 'Done.'

1. Open **Safari**.
2. Select the 'Safari' tab.
3. Select 'Preferences 'and 'Security.'



Support

For technical problems, please contact: support@steeprockinc.com or call +1 718-576-1406.