

Enter your user name (email address) and password you created during your registration



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login

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## Janssen Therapeutics

Welcome to the educational grants system for Janssen Therapeutics, Division of Janssen Products, LP.

All users must register prior to submitting an application. New visitors should click "Register" to create a user account.

THIS SYSTEM IS FOR US-BASED EDUCATIONAL GRANTS ONLY. For information on charitable contributions, or to submit an application for a charitable contribution, please visit [www.jgrant-info.com](http://www.jgrant-info.com). For organizations and activities outside of the US and Puerto Rico, please contact the Grants office by email at [jgrantinfo@its.jnj.com](mailto:jgrantinfo@its.jnj.com) or by phone at 1-866-447-2687 (1-866-4GRANTS).

NOTE: Per company policy, medical education & communication companies (MECCs) are not permitted to submit grant applications in this system. The CE/CME provider, or other party directly involved in patient care, must submit the application.



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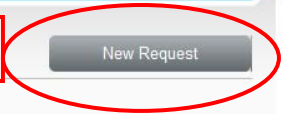
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**Polaris**

REQUEST INBOX

**My Actions**

Click on New Request button



Please click on My Requests to view in-process and closed requests.

ID	Status	Type	Therapeutic Area	Site	Program Title	Starts	Submitted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No records retrieved

**Location Information**

Please select existing location or if your location does not exist, go to "My Account" page to create a new location.

**IMPORTANT NOTE:** Please review location details carefully.

	Organization	Address
<input type="checkbox"/>	NJ Chapter	1000 US highway 202 , Raritan, NJ, USA, 08807

Select the Location that was created during your Registration

Save & Continue ➡

**Please select from the following Request Types:**

CE/CME- Certified Education

Independent educational activity for health care professionals such as physicians, nurses and/or pharmacists that provides continuing medical education credit (CE/CME).

Patient/Caregiver Education

Educational events or printed materials (fact sheets, binders, etc) produced for patients and/or caregivers.

Non-Certified Independent Education

Independent educational activity for health care professionals such as physicians, nurses and/or pharmacists that DOES NOT provide continuing medical education credit.

Fellowship Travel

Support of fellow's travel to a national or international meeting. All Fellowship program grants must be related to a therapeutic area of interest to the company, and have 3 or more fellows to be eligible.

Fellowship Support

Support of fellow research in a therapeutic area of interest to the company. All Fellowship program grants must have 3 or more fellows in the program.

The following screens pertain to the **Fellowship Travel** Request Type.

# Request ID FT8023

General Information

Fellowship Details

Budget

Fellowship Document Upload

Payee Information

Attestations

## General Information

Requests must be submitted with an adequate lead time prior to start date. Requests received without adequate lead time will not be considered. The Company will not fund events that have already occurred.

Please see the FAQ tab at the top of the page for information on lead times.

**\* Therapeutic area**

If you do not see your therapeutic area listed here, please refer back to Areas of Interest listed in the FAQ tab at the top of the page.

**Disease State**

Please select most applicable

**\* Request Title**

**\* Fellowship Description (3-5 sentences)**

Briefly (2-3 sentences) describe the fellowship including format, scope and number of programs covered by this funding request. Do not include names of fellows.

**\* Conference(s) for which you are requesting support for attendance**

**\* Start Date**

mm/dd/yyyy

**\* End Date**

mm/dd/yyyy

**\* Requested Amount**

**\* Total Travel Costs**

**\* Number of fellows in the fellowship program**

All fellowship program grants must have 3 or more fellows in the program.

**\* Number of fellows for whom you are requesting support**

 Save and continue later

 Cancel Request

Save and Proceed to Next Step 

## Request ID FT8023

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### Fellowship Details

\* Briefly describe your institution/organization

(e.g. type of institution, size, geography, patients served, teaching responsibilities, primary services provided, etc.)

\* Rationale for attending medical or scientific meeting(s)

\* Describe the criteria for selecting fellow(s)

Do not include names of fellows

 Save and continue later

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 Cancel Request

Save and Proceed to Next Step 

# Request ID FT8023

- General Information
- Fellowship Details
- Budget**
- Fellowship Document Upload
- Payee Information
- Attestations

## Budget

Please complete the budget template. To access the budget lines, click the arrow icon on the roll-up bar.


- Detailed budget information is required
- If needed, please include a brief explanation of the line item in the "Comments" section on the right side of the page

### Previous Request Information

Requested Amount

Total Budget Amount

### Fellowship Travel

Travel Related Expense	Cost per Fellow	# of Fellows	Total Amount	Requested Amount	Comments
Airfare	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Hotel	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Ground Transportation <i>NOTE: Limousine/sedan service is an exception. Provide rationale in "Comments" section</i>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Meals (per diem)	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Other (Description) Please provide specific details of this additional line item <input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/> 

 Add Additional Other

**Total Travel Related Expenses**

**Total Travel Related Expenses**

\$0.00

\$0.00

**Total**

Requested Amount

Total Budget Amount

 Save Budget

 Save and continue later

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 Cancel Request

Save and Proceed to Next Step 

## Request ID FT8023

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### Fellowship Document Upload

Additional documents that may help us review your request may be uploaded in the field labeled "Optional"

Please note the following system requirements:

- Maximum upload size is 10 Megabytes
- Documents of the following types may be uploaded: txt,bmp,doc,docx,log,pdf,xls,xlsx,jpeg,jpg,tif,gif,ppt,ppbx (zip files are not permitted)

Other Attachments (optional)

Title

File

Browse

+ Add Row

(optional)

 Save and continue later

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Save and Proceed to Next Step 



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## Payee Information

Please confirm the payee information below. If not correct, please enter the new payee information.

\* Authorized Signer

Please confirm the individual from your organization authorized to sign LOAs

\* Is the payee information correct?

Yes

No

\* Confirm Payee Tax ID

\* Confirm Payee Organization

\* Confirm Payee Address Line 1

Confirm Payee Address Line 2

\* Confirm Payee City

\* Confirm Payee Country

\* Confirm Payee State

\* Confirm Payee Zip

Information is pre-populated from your registered profile.

 Save and continue later

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Save and Proceed to Next Step 

## Request ID FT8023

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### Attestations

Please read and respond to each of the following questions. If you are unable to respond with "Yes" to any, please contact the grants office (See Contact Us tab)

\* I certify that the institution has exclusive discretion over selecting the fellow(s) receiving the request support.

Yes  
 No

\* I certify that there has been no condition of purchase, use, or recommendation of the Company's products associated with the funding request.

Yes  
 No

\* I certify the requesting organization, third party(s) (if applicable), and individual(s) named in this grant request are not currently included on the FDA department list, the OIG exclusion list, or the EPLS list.

Yes  
 No

\* I certify that the organization agrees to disclose financial support provided by the company in all written materials regarding the fellowship.

Yes  
 No

 Save and continue later

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 Cancel Request

Save and Proceed to Next Step 

You have an opportunity to review your complete application prior to final submission. You may print this request via your browser's print function.

### Request# FT8023

Your application is not yet complete. Please review the information below before submitting your request to ensure accuracy. If you need to make any changes to your application, please click " Edit " next to the pencil icon to make them. Please be sure to save your work before clicking " Submit Request " at the bottom of the page.

#### General Information

 Edit

Requests must be submitted with an adequate lead time prior to start date. Requests received without adequate lead time will not be considered. The Company will not fund events that have already occurred.

Please see the FAQ tab at the top of the page for information on lead times.

#### Agreement

I certify that the information contained in this grant application is complete and accurate.

Yes  No

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 Submit Request