Medtronic Engineering the extraordinary

EXTERNAL APPLICANT INSTRUCTIONS

MEDTRONIC GIVING CONNECTION

QUICK REFERENCE GUIDE

Updated March 2023

Contact Information		
Type of Question	**Group**	**Email Address**
Technical/System Support	Medtronic Giving Connection IT Team	RS Medtronic Giving Connection rs.medtronicgivingconnection@medtronic.com

COMPLETE A NEW APPLICATION

This Quick Reference Guide will instruct you on how to apply for a Medtronic Grant **or** Donation through Medtronic Giving Connection (MGC)

Steps to Submit

Below are the steps to complete a new application in MGC. Click on a header to be taken to that section of the document.

1. Log In and Start an Application
2. Entering Application Information and Submission
3. Request Type
4. Add-on Information
5. Award Summary
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7. Related Contacts
8. Review & Certify

Log In and Start an Application

1. Access the Medtronic Giving Connection (MGC) site at www.Medtronic.com/donations
   a. For those who have a **Medtronic Academy profile** or are **returning applicants in MGC**, select the **APPLICANT LOGIN** button and enter in your respective username with password.
   b. For **first time users**:
      i. select the **APPLICANT REGISTRATION** button and create your user profile by filling in the requested information which includes email, password creation, and main contact information.
      ii. You will get a 'thank you' window and select 'NEXT'.
      iii. Log in with your new account and verify your user information.
      iv. You will then be sent to the MGC dashboard.
2. From your dashboard, go to the 'My Applications' tab in the top left.
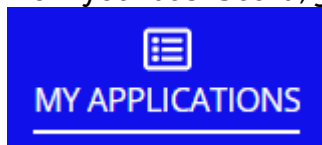
   MY APPLICATIONS

3. Select **+ START NEW APPLICATION** button at the top.

Entering Application Information and Submission

Application Page 1: General Information and Organization
1. If your username is already tied to an organization:
   a. Verify the information and select 'NEXT' at the bottom
      OR
   b. If it is the wrong organization, you can select the **×** to the right of the name and then a drop-down box will appear. Choose the organization from the drop down, verify the information and then select 'NEXT' at the bottom.
      OR
   c. If the organization is not listed in the drop down, select this link
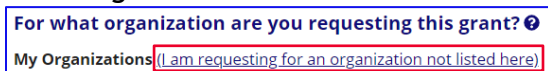
   For what organization are you requesting this grant? ❓
   My Organizations (I am requesting for an organization not listed here) and fill out the information.

2. If you are **not** yet tied to an organization:
   a. Use the search feature to enter country and tax ID. Select 'Search'.

   Create a New Application
   Do not use your browser's back button or you may lose your progress on this application.

   General Information

   For what organization are you requesting this grant? ❓

   Search for Organization (You must click the Search button after entering the Tax ID) (Go back to choose from 'My Organizations')

   🔍 | United States of America ▾ | 12-3456789 | | SEARCH

   If the organization exists in the system, their details will appear. Verify all information is accurate.
   OR
   b. If the organization does **not** exist in the system, fill out all of the required fields marked with an asterisk *.

   We do not have a record of an organization in **United States of America** with Tax ID: **12-3456789**

   Please confirm the Country & Tax ID provided are accurate.
   If so, continue entering the information about the organization below. If not, search again using the corrected Country and/or Tax ID.

   Please review (and update, if applicable) the information about the organization below.

   Government Registered Name*

   Allina Health System   20/255

   AKA/DBA Name ❓

                                                 0/255

   Website URL

   www.allinahealth.org   20/255

   Incorporation Year*

   1985

   Registered Address*

   PO Box 43

   Address Line 2

   Minneapolis | MN ▾ | 55440

   Phone* ❓

   +1 | 612 | 262-0660 | Ext.

   Email*

   test@gmail.com   14/255

   Mission Statement*

   Our mission is to serve our communities by providing exceptional care as we prevent illness, restore health, and provide comfort to all who entrust us with their care.

                                                 167/4000

   Social Media Profiles

   No items to display

   ➕ Add Social Media Profile

3. Enter your information as point of contact.

   Enter _your_ contact information as it pertains to this organization

   Job Title* | **Department** | **Address***

   Program Director | | United States of America ▾

   Phone* ❓ | | PO Box 43

   +1 | 123 | 123-4567 | Ext. | Address Line 2

   Email* | | Minneapolis | MN ▾ | 55440

   physician@email.com

4. Answer the question that appears below. *Note – you should answer 'Yes' if another organization will be receiving the requested grant or donation:

Is the ultimate recipient organization different than the one above? *
○ Yes ● No

5. Select 'NEXT' once all information is entered.

Application Page 2: Grant Request Type
1. Select the therapy area and then a specific therapy from the drop-down choices that best align with the purpose of your request.
   - If there is more than one therapy, you can add additional options by selecting the '+Add additional therapy' link.
2. Select the giving type which best represents the purpose of your request (virtual events will be considered). Note that available request types may be limited by certain therapy areas.

Education
Request support for educational conferences, medical training programs (fellowships or residencies), or patient education initiatives

Research
Request support for a research project

Patient Assistance
Request support for the treatment of indigent patients or victims of disaster

Fundraiser
Request fundraising support for organizations/programs focused on disease states that Medtronic seeks to treat

Membership
Request Medtronic join a professional society dedicated to promoting medicine and improving public health

Exhibit Only
Request support for an exhibit or advertisement relating to Medtronic product or therapies

3. Depending on the type of application you select, additional questions will appear below.
4. After answering the additional questions, select 'NEXT' at the bottom of the page.

Add-on Information

The page that follows will depend on the type of grant application you are submitting. Follow the prompts on the screen to enter the requested information.

Once the questions are answered, select 'NEXT' to continue.

Award Summary

Based on the information provided on previous pages of the application, this page summarizes what is being requested from Medtronic for your review prior to submission. **No action is required** on this page unless the Request Amount is incorrect. To modify the requested amount, follow the steps below:

1. Click the pencil icon.

2. Adjust the requested amount information as needed and then select:
3. Once the Requested Amount is accurate, select 'NEXT' to continue.

Attachments

1. Depending on the type of application you are submitting, the required documents will show in the list on this page. Select the 'Upload' button or drag and drop the required files.

2. To upload additional documents select the '+Add' link.
3. Use the red trash can icon to remove any unnecessary or unrequired documents.
4. Select 'NEXT' to continue.

Related Contacts

Related contacts are people that you want associated to the request for communication purposes. Some application types require additional contacts to be added.

1. If necessary, select '+Add Related Contact' and fill out the information.

Instructions

- You will receive all communications relating to this application as it is reviewed by the Medtronic Giving Connection team.
- If you would like others to be copied on communications relating to this application, please add them below as "Related Contacts".

Related Contacts

Name	Role	Contact Details	Assignment Reason
		No items available	

⊕ Add Related Contact

2. You **do not** need to re-enter your own contact information on this page.
3. Select 'Review & Certify'.

Review & Certify

1. At the bottom of the page, check the box to agree to the compliance statement.
2. Enter today's date.
3. Select 'Submit Application' button.
4. If there are any errors in the application, a red text field will appear indicating which page needs to be reviewed.
5. You can navigate to that error page by using the drop-down at the top right:

Navigate to [7 - Review & Certify ▼]

6. Once you have corrected the identified errors, navigate back to Review & Certify to finish the application.
7. Once your request is successfully submitted, you will receive a copy via email with an application ID number. The application will be routed to the appropriate grant group for review.