



# Zimmer Biomet

## CMF & Thoracic Fellowship Funding (US Only)

### Application Portal User Guide

# Zimmer Biomet Fellowship Funding Request Process (US based CMF & Thoracic Only)

Requests are initiated by submitting a written request to the Grants Office through the online Grants Portal. Zimmer Biomet utilizes the platform “MediSpend” as our Grants Portal. For best outcome, utilize Google Chrome as your Search Engine.

**NOTE:** Once you submit a request, you will receive a short supplemental application form to obtain additional information about the fellowship program. The supplemental application should be completed and returned as quickly as possible, but no later than 2 weeks past the application period deadline.

Please refer to the end of this user guide for specific requirements of a completed application. An application will not be considered until requirements are complete.

<https://zimmerbiomet.em.medispending.com/external/grants/registration>

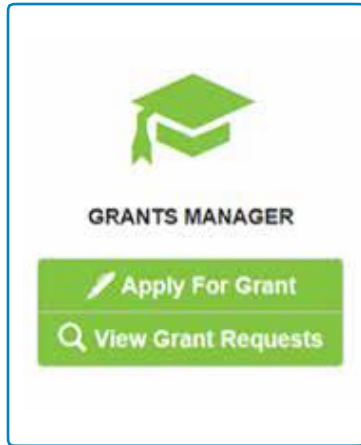
- You only need to register once. If you already have an account, you can skip this step.
- Type in First Name, Last Name, and Email
- Click Register
- An auto-generated email will be sent with a temporary password to the email address used to register

Note: You will automatically be redirected to this site once clicking the Register button.

<https://zimmerbiomet.em.medispending.com>

- Username will be the email address used to register
- Enter password provided by the auto-generated email
- You will be directed to reset password
- After resetting the password, you will be directed to the grant portal

# Applying for a Grant



← Click on the Apply for Grant button

## Select Region

- Americas (US, Canada, Latin America)

## Select Therapeutic Area: (\*Please only submit 1 application per subspecialty)

\*Below are the only segments currently available for fellowship funding in this User Guide\*

- CMF & Thoracic
- None (includes Other)
  - If none, please specify segment in Fellowship Title

## Select Grant Type:

- Fellowship Grant (Canada and Dental ONLY)

# Applying for a Grant *(continued)*

GRANTS SUBMISSION

Region:

Therapeutic Area:

Grant Type:

**Fellowship Grant (Canada and Dental ONLY):** Zimmer Biomet considers requests for fellowship grant funding to support healthcare professionals with their education, training, and their experience in clinical research. Applications for the 2020-2021 academic year will be accepted starting Fall 2019.

**Pre-Selection Criteria**

Program / Event

Requestor Info

Attachments

[← Click Next](#)

The next page will prompt you to enter detailed information about the program and need.

The questions are prompted by the Pre-Selection Criteria entered as shown above.

GRANTS SUBMISSION

Program/Event Title:

Program/Event Description:

Program/Event Venue:

Program/Event Country:

Program/Event City:

Program/Event Region:

Target Audiences:

Program/Event Start Date:

Program/Event End Date:

Have you received a prior grant?:

Have you provided the deliverables upon the completion of the prior Program/Event?:

# of Attendees:

Currency Requested:

Amount Requested:

% Of Total Budget:

Total Budget:

Pre-Selection Criteria

**Program / Event**

Requestor Info

Attachments

Once all questions are complete,

[← Click Next to proceed.](#)

NOTE: Answer questions in relation to the fellowship program.

- **Program/Event Title:** Title of Fellowship Program
- **Program/Event Description:** Description of Fellowship Program
- **Program/Event Venue:** University and Hospital(s) associated with Fellowship Program
- **Program/Event Country:** Country in which the Fellowship program is based
- **Program/Event City:** City in which the Fellowship program is based
- **Program/Event Region:** State in which the Fellowship program is based
- **Target Audiences:** The target applicants for your program
- **Program/Event Start Date:** Start date of the academic year for the Fellowship program
- **Program/Event End Date:** End date of the academic year for the Fellowship program
- **Have you received a prior grant:** This is in reference to receiving fellowship funding directly from Zimmer Biomet the past academic year
- **Have you provided deliverables upon the completion of the prior Program/Event:** Answer as appropriate
- **#of Attendees:** Number of fellows in which funding is requested (funding generally supports 1 fellowship position, but you may still request additional fellow support if needed)
- **Currency requested:** Funds will be determined and distributed in USD
- **Amount Requested:** Amount requested for fellowship program (funding is intended to support fellow's salary and benefits only)
- **Total Budget:** Total budget for fellow support

## Applying for a Grant *(continued)*

The next tab is **Requestor Info**.

This information **MUST** be the Legal Entity's Name and Address. For example, you would enter the same information found on Government Documentation or what is on your W9. This entity will be the organization with which the agreement and payment will be made if the request is approved.

**\*NOTE\***: Zimmer Biomet will not make agreements with or pay any private practices. Entity must be a hospital, university/academic institution, or an associated foundation. Please be aware of these requirements when entering your information.

**GRANTS SUBMISSION**

Save Draft Submit Grant

Grant ID	<input type="text"/>		<input type="checkbox"/>	
Legal Entity Name	<input type="text"/>		<input type="checkbox"/>	
Country	Please Select <span style="font-size: 0.8em;">▼</span>		<input type="checkbox"/>	
Region	<input type="text"/>		<input checked="" type="checkbox"/>	
Address (Street 1)	<input type="text"/>		<input type="checkbox"/>	
Address (Street 2)	<input type="text"/>			
City	<input type="text"/>			
Zip Code	<input type="text"/>			
Contact First Name	<input type="text"/>			
Contact Last Name	<input type="text"/>			
Requestor Title	<input type="text"/>			
Phone Number	<input type="text"/>			
Email Address	<input type="text"/>			
Grant Region	Americas <span style="font-size: 0.8em;">▼</span>			
Grant Therapeutic Area(s)	Knee <span style="font-size: 0.8em;">▼</span>			
Grant Type	Fellowship Grant (Canada and Dental ONLY) <span style="font-size: 0.8em;">▼</span>			

Once all questions are complete,  
← Click Next to proceed.

← Previous Next →

- **Legal Entity Name:** As referenced above, must be the organization the agreement and payment will be with (Must be a hospital, university/academic institution, or associated foundation)
- **Country:** Country in which the fellowship program is located
- **Region:** State in which the entity is located
- **Address:** Legal address of the entity named above (should match the W9 tax form)
- **City:** City in which the entity is located
- **Zip code:** Zip code of the entity
- **Contact First Name:** First name of the fellowship Program Director
- **Contact Last Name:** Last name of the fellowship Program Director
- **Requestor Title:** Program Director, as well as any other titles held
- **Phone Number:** Phone number of the fellowship Program Director
- **Email Address:** Email address of the fellowship Program Director

## Applying for a Grant *(continued)*

The **Attachments** tab is next.

After the details of the grant have been entered into the system, you will need to attach supporting documentation. By clicking on the drop down list you will find what is required by the asterisk (\*).

**GRANTS SUBMISSION**

Download Budget Sample

Save Draft Submit Grant

Attachment types identified with an \* are required for submission.

Attachment Type: Please Select

Attachment Name: [Text Field]

Attachment Description: Choose File

Upload

Previous

Pre-Selection Criteria

Program / Event

Requestor Info

**Attachments**

← Click Upload once document is selected

You can choose multiple selections at a time or just one depending on how your documentation is structured. If you choose to upload documents individually, you will need to unselect the previous box before choosing a new one or the attachment will receive multiple names.

The uploaded document and information will appear on the screen once upload is complete.

Below is a description of what Zimmer Biomet is looking for when requesting supporting documentation.

- **Request Letter on Organization's Letterhead:** A description of the purpose for the grant/fellowship support
- **Program Agenda/Brochure/Objectives:** Breakdown of the fellowship curriculum, guidelines, and objectives as required by the program, as well as any marketing collateral of the program
- **Accreditation Documentation (if applicable):** Certification of active membership with an accrediting institution
- **Mission Statement and Board of Directors/Executive Officers or Bylaws:** Organization's official mission and list of Board of Directors/Executive Officers
- **Program budget including anticipated income and expenses:** the total amount of funding requested and a budget that sets forth how the funding will be used. \*Reminder, fellowship funding is intended to support fellow's salary and benefits only\*
- **W9:** Identifying information about the prospective legal entity. This must match the information supplied in the Requestor Info tab.

## Applying for a Grant *(continued)*

### Submitting the Request

Once all of the information and attached supporting documentation is uploaded, it is time to submit the request.



If you are still working on the request, you can click Save Draft and come back to the request later.

Once the Submit Grant button request is clicked, you should receive a confirmation email. If you do not receive a confirmation email, please reach out to [Grants.AMER@zimmerbiomet.com](mailto:Grants.AMER@zimmerbiomet.com) to confirm there were no issues with receipt of the application.

You can check on the status of the request by clicking on the “View Grant Request” button located on the Tasks Dashboard.



### Completion and Notification

Zimmer Biomet will communicate with the requester to obtain any additional information needed to evaluate the request and provide the supplemental application. Your application will be considered complete upon submission of the following to Zimmer Biomet:

- Completed and submitted Medispend grant application
- An approved entity with appropriate W9 form
- Completed Supplemental Application

**NOTE:** If Zimmer Biomet does not have an approved entity with a W9 and the completed supplemental application within 2 weeks of the application period deadline, your application will be deemed late and will not be considered for review.

Once complete, the application will route the request to the appropriate Grants Review Committee. The organization will receive written notification once the Grants Review Committee has reviewed and made a decision. If a grant is approved, the Grants Office will provide the recipient with a written agreement.