



Astellas Grant Management System

Grant Requestors Checklist for Independent Medical Education (IME) Grants

- Allow 60 minutes or more to devote to the process
- Make sure to save your work periodically throughout the process (every 45 minutes)

	Grant Submission Requirement	Completed (Y/N or N/A)
Past Funded Grants	Previous Grant Awards: Complete all outstanding reconciliations	
	Refunds: Return any unused funds due to Astellas (if applicable)	
Tax ID	Note: The information below is required for the payee	
	For Profit: Provide signed and dated W-9	
	Non-profit: Provide 501(c)(3) status verification, and signed and dated W-9 form	
	Tax ID Number: Verify number matches W-9 and requesting organization's name	
Grant Request Letter	<p>Grant Request Letter: Submit signed and dated letter on requesting organization's letterhead, including the following details:</p> <ul style="list-style-type: none"> • Name of program • Date/location of program • Number of hours of accreditation and credit types(s), if accredited (optional) • Approximate number of learners (optional) 	
Supporting Documents	<p>Total Program Budget: Ensure alignment with uploaded budget (optional for activities with a total program budget ≤ \$5,000)</p> <ul style="list-style-type: none"> • Provides additional detailed breakdown of line-item budget information 	
Supporting Documents	<p>Program Agenda: Upload a program agenda including –</p> <ul style="list-style-type: none"> • Learning objectives • Current or proposed topics • Dates and times for live activities • Launch and expiration dates for enduring components 	
	<p>Robust Needs Assessment: Provide a needs assessment that demonstrates identified need for education; provides basis for the learning objectives (identified gap between what learners currently know/do and learners should know/do)</p>	

	<ul style="list-style-type: none"> • Recent surveys of learner group for activity • Feedback from past participants or opinion leaders • Literature reviews • Patient chart reviews (in aggregate) 	
	<p>Program Brochure/Flyer: (drafts are acceptable)</p> <ul style="list-style-type: none"> • BRC or invitation (if applicable) 	
	<p>Outcomes Measurement Plan: Submit a plan that –</p> <ul style="list-style-type: none"> • Quantifies how the educational activity has impacted learner knowledge, competency, practice, and/or patient outcomes • Specifies the level of outcomes measurement 	

Please be advised that this checklist is designed for informational purposes only. Use of this checklist does not automatically guarantee support of a proposal.

If you have questions about the grant submission process, please contact the Astellas Grants Office at (866) 251-AGMS (2467) or grants@astellas.com.