

Olympus Grants Reconciliation Guide

How to Complete a Post-Program Reconciliation Report in the Olympus Grants Request Management System

Olympus Corporation of the Americas

Olympus Grants Team- Americas

February 2022

OLYMPUS



Completing the Online Reconciliation Process

If your organization received grant support from Olympus for a medical education event, you are required to submit a post-program **Reconciliation Report** for that event.

- Complete your report online in the [Olympus Grants Request Management System](#), the same portal in which you created and submitted your original request.
- As you complete the Reconciliation Report, save your progress by clicking “Save and Continue Later,” located at the bottom of each page. You do not have to complete the report in one session.
- **Reconciliation Reports must be submitted no later than 90 days from the Program End Date.** If you miss this deadline, you will be unable to submit new requests and any pending requests will be denied.

If you have questions about the reconciliation process or are experiencing technical difficulties, please contact **Olympus Grants Team- Americas** at 484-896-3939 or grants-americas@olympus.com.

System Functionality Notes

- Use Internet Explorer or Google Chrome to access our site
- In order to view important on-screen messages, pop-up windows must be enabled. To learn how to turn off your pop-up blocker, click your browser’s name: [Internet Explorer 11](#) | [Google Chrome](#) | [Safari \(iOS\)](#)
- To avoid losing your work, do not use your browser’s “Back” button. Use the **Back and Proceed arrow buttons** at the bottom of each page

How will I know it's time to complete Reconciliation? You will receive the following email notification **one day** after your grant-supported event. Follow the instructions to complete and submit your post-program Reconciliation Report.

From: noreplygr@olympus.com

Sent: Friday, March 10, 2018 11:00 PM

To: janegastro@gaa.org

Subject: Olympus Grant Reconciliation Required MED-GAS-702 Spring Gastroenterology Meeting

Request ID: **MED-GAS-702**

Program Title: **Spring Gastroenterology Meeting**

Requesting Organization: **Gastroenterology Association of America**

Program Start Date: **08 Mar 2018**

Program End Date: **09 Mar 2018**

Product Grant Approved (Y/N): **Yes**

Financial Grant Approved Amount: **USD 5,000**

Dear Jane Gastro,

We hope your educational program was a success. Follow the steps below to complete your post-program reconciliation report:

- Log in to your account at grants.olympusamerica.com.
- Click on the action item **Please Reconcile Budget and Attendance**.
- After you complete your report, click **Submit** on the summary page.

Reconciliation reports must be submitted no later than 90 days from the Program End Date. If you miss this deadline, you will be unable to submit new requests and any pending requests will be denied.

Kind regards,

Olympus Grants Team- Americas

484-896-3939

Grants-americas@olympus.com

Click to log in to your account in the **Olympus Grants Management System**. This is the same portal you used to complete and submit your original grant request.

Will I get any reminder emails? Yes, you will receive the following email **45 days** after your grant-supported event (unless you've already submitted your post-program Reconciliation Report). **This is the only reminder you will receive.**

From: noreplygr@olympus.com

Sent: Sunday, April 23, 2018 11:00 PM

To: janegastro@gaa.org

Subject: Reminder - Olympus Grant Reconciliation Required MED-GAS-702 Spring Gastroenterology Meeting

Dear Jane Gastro,

Olympus has not received a post-program reconciliation report for the grant referenced below. Please ensure that your reconciliation is completed within the [Olympus Grants Management System](#) no later than 90 days from the Program End Date.

This is the final reminder you will receive. Thank you for your cooperation.

Kind regards,

Olympus Grants Team- Americas

484-896-3939

Grants-americas@olympus.com

[Health Care and Microscopy Grants From Olympus](#)

Please do not reply to this automated email.

Request ID: **MED-GAS-702**

Program Title: **Spring Gastroenterology Meeting**

Requesting Organization: **Gastroenterology Association of America**

Program Start Date: **08 Mar 2018**

Program End Date: **09 Mar 2018**

Product Grant Approved (Y/N): **Yes**

Financial Grant Approved Amount: **USD 5,000**

Dear Jane Gastro,

We hope your educational program was a success.....

The complete text of the original **Reconciliation Request** email is included in the **Reminder** email for your reference.

Step 1: To begin a new Reconciliation Report, log in to the Olympus Grants Management System as if you were going to create a new grant request.

Enter your **Email Address** and **Password** here. Press **Enter** on your keyboard or click the **double arrow** to log in.

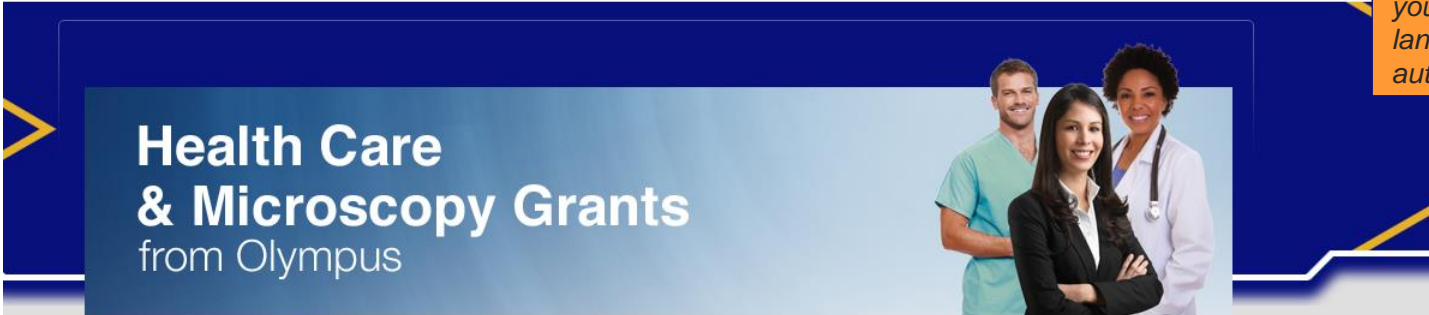
***TIP** – Click here to request a password-reset email. If you don't receive the email within 15 minutes, call Olympus Grants Team- Americas at 484-896-3939 for assistance.*

Help | FAQ | Privacy Policy | Preferred Language English

Email Address Password >>

Forgot your password? Register

***TIP** – When you log in, your preferred language will auto-select.*



Grants Request Management System - Olympus Corporation of the Americas

This site accepts grant applications for eligible healthcare and microscopy events taking place in the Americas and/or events coordinated by organizations based in the Americas. Olympus considers requests for **financial** support from across the Americas, as well as **product/equipment** support for events taking place in the United States, Puerto Rico, Canada, Mexico and Brazil only.

Before you submit your request, please review our [program website](#) for detailed information about the types of support we offer, additional eligibility requirements and an overview of our application process. Supported browsers are Internet Explorer and Google Chrome. Pop-up windows must be enabled in order to use our site.

DEADLINE: Applications must be submitted at least 60 calendar days before the event start date

Registered Users: Enter your **Email Address** and **Password**, then click >> to access your account

New Users: Click **Register** and follow the on-screen instructions. Only registered users can submit grant requests

***TIP** - Scroll down for **Contact Us** and **Terms of Use** links*

Step 2: After you log in, **scroll down** to view your **Inbox** and **Action Items** related to your requests.



[My Account](#) | [Help](#) | [Change Password](#) | [FAQ](#) | [Privacy Policy](#) | [Log out](#)

My Actions

Welcome, Olympus Test Account Production

Getting Started

- To create a new grant request, click the **Submit New Request** button below.
- To check the status of a saved or submitted request, review the **Status** column in the list of requests below. Next steps required by you will appear as links in the **Action Required** column.
- To return to this page from anywhere in the system, click **My Actions** above.

Important Reminders

- **DEADLINE: Applications must be submitted at least 60 calendar days before the event start date**
- Submission of a request does not indicate that Olympus has agreed to provide support. Support decisions are made only after the Olympus Corporation of the Americas (OCA) Grants Committee has reviewed your complete request. Committee determinations are communicated via email (to grant requestors or authorized signers, as applicable), and all decisions are final.
- All Olympus sales and marketing personnel are trained to remain separate and apart from matters relating to grant requests, with the exception of limited circumstances when they might be asked by Olympus to solicit input regarding an equipment-related request. Thank you, in advance, for respecting the integrity of our process.

SCROLL
DOWN

Screen shot continued on next page...

Step 3: Click on the action item **Please Reconcile Budget and Attendance.**

Continued from previous page

Helpful Tools

- [Grants Program Website - Olympus Corporation of the Americas](#)
- [Application Screenshot Guide](#) | [Application Checklists](#)
- [Product Support Forms](#) (required for product/equipment requests)
- [Reconciliation Screenshot Guide](#)

CAUTION! If you don't submit a Reconciliation Report within **90 days** of the program end date, the **Submit New Request** button will be removed and you won't be able to apply for any new grants. The button will be restored once the late report has been received.

Submit New Request

TIP - Grants that require you to complete reconciliation will display the status *Pending Reconciliation*.

To begin your Reconciliation Report, click on the action item **Please Reconcile Budget and Attendance**.

Medical Education

Request ID	Request Type	Status	Program Title	Start Date	Submitted Date	Action required	View/Print Agreement
MED-GYN-1430	Medical Education	Approver Review	Laparoscopic Pelvic Dissection: From the Ureter to Blood Vessels to Avascular Spaces	12 Oct 2017	13 Jul 2017		
MED-ENT-1178	Medical Education	Pending Reconciliation	Midwest Resident Update in Rhinology: Techniques in Endoscopic Sinus Surgery	29 Jul 2017	24 Apr 2017	Please Reconcile Budget and Attendance	View/Print Agreement
MED-ENT-814	Medical Education	Declined	Advanced Surgical Techniques for Sleep Apnea and Snoring	27 Apr 2017	18 Jan 2017		
MED-GYN-630	Medical Education	Pending Reconciliation	Advanced Retroperitoneal Anatomy and Neuro-anatomy of the Pelvis	06 Jun 2017	17 Nov 2016	Please Reconcile Budget and Attendance	View/Print Agreement
MED-OTH-522	Medical Education	Review Reconciliation	28th Annual Skull Base Approaches: Microscopic and Endoscopic	19 Apr 2017	07 Oct 2016		View/Print Agreement
MED-ENT-188	Medical Education	Activity in Progress	27th Annual Craniofacial Surgery and Transfacial Approaches to the Skull Base	01 Dec 2017	01 May 2017		View/Print Agreement

Need to review your original application?
Click on the **Program Title** to view the original request that was submitted.

Step 4: Follow the on-screen instructions to update each Delivery Format entry with the actual number of participants. Only update the information already shown. **DO NOT** create any new Delivery Format entries. If you need additional guidance, please call Olympus Grants Team- Americas at 484-896-3939.

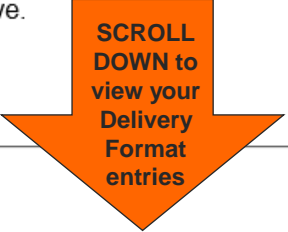
Medical Education Grant Reconciliation

- Please follow the instructions below to submit your post-program report to Olympus.
- **DEADLINE: Reconciliation reports must be submitted no later than 90 calendar days after the Program End Date.**
- If you miss this deadline, you will be unable to submit new requests and any pending requests will be denied.
- For step-by-step instructions, download the [Olympus Grants Reconciliation Guide](#) (opens in a new window).
- **Questions?** Contact Olympus Grants Team- Americas at 484-896-3939 or grants-americas@olympus.com

Medical Education Grant Reconciliation > Actual Attendance

Tips for Completing This Section:

- The Delivery Format information displayed below is from your original application. Please **update** each Delivery Format entry with:
 - # of **actual** Speakers/Faculty Members
 - # of **actual** invitations distributed
 - # of **actual** learners
 - # of **actual** learners to receive credit
- To update a Delivery Format entry, click on the **pencil icon** to the right of that entry, **scroll down** to the active fields and enter your data.
- When you're done with your updates in that Delivery Format, **scroll up** and click on the **blue disk icon** to save.
- **DO NOT** create any new Delivery Format entries (unless you added Delivery Formats to your event).
- When all the Delivery Format entries have been updated, click **Save and Proceed to Next Step**.



SCROLL
DOWN to
view your
Delivery
Format
entries

Screen shot continued on next page...

Step 4a: Click the pencil icon to “unlock” each Delivery Format entry in order to enter your actual numbers.

Continued from previous page

Delivery Format

<i>Total # Of Activities :</i>	1	<i>Total # of Learners :</i>	100
<i>Live Activities :</i>	1	<i>Live Learners :</i>	100
<i>Web Activities :</i>	0	<i>Web Learners :</i>	0

Delivery Format : Hands On Workshop(s)

of Speakers/Faculty Members : 14

Geographic Reach : Regional

Activity Start Date : 29 Jul 2017 *Activity End Date :* 29 Jul 2017 *Venue :* PASE Learning Center

Country : United States *City :* St. Louis *State/Province :* MO

Postal Code : 63108 *Audience Generation Tactics :* Mail lists, email blasts, brochure distribution, website *Web URL :* <http://www.slu.edu/practical-anatomy-and-surgical-education-home-page>

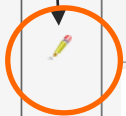
Venue URL : <http://www.slu.edu/practical-anatomy-and-surgical-education-home-page>

Are you seeking product support from Olympus for this activity? : Yes No

USMedicalProductSupportForm - Olympus - Sinus 2017.xlsx

Audience Group	Specialty	Category of Credit	CE/CME Credit Hours for Category	# of Actual Invitations Distributed	# of Actual Learners	# of Actual Learners to Receive Credit
Other	Other	ACCME	8			

Click the pencil icon

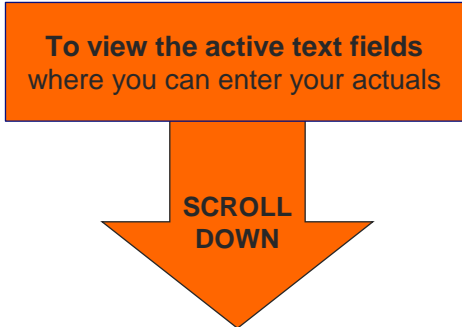


Step 4b: After you click the pencil icon, **scroll down** to view the active fields where you can enter your actual numbers.

TIP - You'll know the Delivery Format is ready for updating when the pencil icon becomes a blue disk. To view the active text fields, scroll down.

Delivery Format : Hands On Workshop(s)
of Speakers/Faculty Members : 14
Geographic Reach : Regional
Activity Start Date : 29 Jul 2017 **Activity End Date :** 29 Jul 2017 **Venue :** PASE Learning Center
Country : United States **City :** St. Louis **State/Province :** MO
Postal Code : 63108 **Audience Generation Tactics :** Mail lists, email blasts, brochure distribution, website **Web URL :** <http://www.slu.edu/practical-anatomy-and-surgical-education-home-page>
Venue URL : <http://www.slu.edu/practical-anatomy-and-surgical-education-home-page>
Are you seeking product support from Olympus for this activity? : Yes No
 USMedicalProductSupportForm - Olympus - Sinus 2017.xlsx

Audience Group	Specialty	Category of Credit	CE/CME Credit Hours for Category	# of Actual Invitations Distributed	# of Actual Learners	# of Actual Learners to Receive Credit
Other	Other	ACCME	8			



Continued on next page

Step 4c: After you enter your actual numbers, **scroll up** and click on the **blue disk** to save your updates.

Continued from previous slide

- * Delivery Format
- * # of Speakers/Faculty Members
- * Activity Start Date
- * Activity End Date
- Web URL
- * Venue
- * Country
- * City
- * State/Province
- * Postal Code
- Venue URL
- * Geographic Reach
- * Audience Generation Tactics
- * Are you seeking product support from Olympus for this activity?
- * Please upload completed product support form
[Click here to access an Olympus Product Support Form.](#)
Upload your completed Olympus Product Support Form. An Olympus Product Support Form is required. Alternative forms will not be accepted.

Live

Hands On Workshop(s)

12

29 Jul 2017

29 Jul 2017

http://www.slu.edu/practical-anatomy

PASE Learning Center

United States

St. Louis

MO

63108

http://www.slu.edu/practical-anatomy

Regional

Mail lists, email blasts, brochure distri

Yes No

Browse

USMedicalProductSupportForm - Olympus - Sinus 2017.xlsx

Please enter the actual number of faculty members here.

These fields contain the information you provided in your original application. Please review and make any necessary updates.

Enter your actual numbers of invitations, learners, and learners to receive credit here.

* Audience Group	* Specialty	* Category of Credit	* CE/CME Credit Hours for Category	* # of Actual Invitations Distributed	* # of Actual Learners	* # of Actual Learners to Receive Credit
Other	Other	ACCME	8	100	100	100

When done, **SCROLL UP** and click on the **blue disk** before proceeding to the next step.

Step 4d: You must click on the **blue disk** before you can proceed. **Repeat Step 4 for each Delivery Format entry.**

Delivery Format : Hands On Workshop(s)
of Speakers/Faculty Members : 14
Geographic Reach : Regional
Activity Start Date : 29 Jul 2017 **Activity End Date :** 29 Jul 2017 **Venue :** PASE Learning Center
Country : United States **City :** St. Louis **State/Province :** MO
Postal Code : 63108 **Audience Generation Tactics :** Mail lists, email blasts, brochure distribution, website **Web URL :** http://www.slu.edu/practical-anatomy-and-surgical-education-home-page
Venue URL : http://www.slu.edu/practical-anatomy-and-surgical-education-home-page

Are you seeking product support from Olympus for this activity? : Yes No

USMedicalProductSupportForm - Olympus - Sinus 2017.xlsx

Audience Group	Specialty	Category of Credit	CE/CME Credit Hours for Category	# of Actual Invitations Distributed	# of Actual Learners	# of Actual Learners to Receive Credit
Other	Other	ACCME	8			

You must click on the blue disk to save your changes.



Step 4e: DO NOT use these fields to add a new Delivery Format. You must update the Delivery Format entries shown.

CAUTION! Do not enter a new Delivery Format in the fields shown. You should only **UPDATE** the Delivery Format entries carried over from your original application. Click on the pencil icon to update them.

* Delivery Format Type


* Are you seeking product support from Olympus for this activity? Yes No

Audience Group	Specialty	Category of Credit	CE/CME Credit Hours for Category	# of Actual Invitations Distributed	# of Actual Learners	# of Actual Learners to Receive Credit
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

<i>Total # Of Activities :</i>	2	<i>Total # of Learners :</i>	100
<i>Live Activities :</i>	2	<i>Live Learners :</i>	100
<i>Web Activities :</i>	0	<i>Web Learners :</i>	0

 [Click here to save Activity](#)

 Back

 Save and Continue Later

Save and Proceed to Next Step 

After you've **updated** each of your Delivery Format entries by clicking on the **pencil icon** and then the **blue disk** to save your changes, click here to **Proceed**

Step 5: Review the on-screen instructions to complete the Budget reconciliation section. Please see the following pages for helpful tips.

Medical Education Grant Reconciliation > Budget

Tips for Completing This Section

- Details from the proposed Budget you submitted with your original application are shown below. For each line item specified on your proposed Budget, enter the corresponding **Actual Program Cost** and **Actual Amount Used from Olympus**.
- To move between Budget category tabs, click on **Save and Proceed to Next Budget Tab** or **Save and Proceed to Previous Budget Tab**. Do not click on the tabs themselves.
- To avoid an error when moving to the next section, make sure that:
 - **all "proposed" costs and amounts used from Olympus, even those with \$0.00, have a corresponding "actual" entry.** Costs and amounts used from Olympus that are blank may remain blank; no corresponding entries are required.
 - the **Actual Amount Used from Olympus** (calculated below) does not exceed the **Approved Amount** (the amount of your monetary grant).
- When this Budget section is complete, click on **Save and Proceed to Next Step**.

Approved Amount: USD 2,500.00
Actual Program Costs: USD 0.00
Actual Amount Used from Olympus: USD 0.00

Screen shot continued on next page...

Step 5a: Follow the directions to enter the **actual** costs and amounts used from Olympus on **each budget tab**.

The screenshot shows a web-based budget reconciliation interface. At the top, there are several tabs: "Account & Activity Management", "Accreditation Costs", "Content Development", "Faculty and Staff Travel", "Honoraria", "Meals", and "Medical Education". The "Production and Shipping" tab is currently selected. Below the tabs, a note states: "Comments must be provided for costs entered in the 'Other' category".

Account & Activity Management	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Logistics Management	1,000.00	1,000.00	500.00	500.00	Applied to AV Cost
Financial management					
Content Management					
Audience Management					
Other					

Summary Totals:

Program Costs: USD 1,000.00	Actual Total Program Costs: USD 1,000.00	Requested Amount from Olympus: USD 500.00	Actual Amount Used from Olympus: USD 500.00
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Annotations:

- An orange box at the top right says: "Comments to describe expenses are highly recommended." with an arrow pointing to the "Comments" column.
- An orange box on the left says: "For each **Proposed** Program Cost, enter an **Actual** Program Cost" with an arrow pointing to the "Proposed Program Costs" column.
- An orange box in the middle says: "For each **Requested** Amount from Olympus, enter an **Actual** Amount Used from Olympus" with an arrow pointing to the "Requested Amount from Olympus" column.
- An orange box at the bottom center says: "Click here to advance to the next budget tab" with an arrow pointing to the "Save and Proceed to Next Budget Tab" button.

Buttons at the bottom:

- Save and Back (left arrow)
- Cancel (red X)
- Save and Continue Later (floppy disk icon)
- Save and Proceed to Next Budget Tab (right arrow)
- Save and Proceed to Next Step (right arrow)

Step 5b: To move between the budget tabs, click on the **“Save and Proceed”** arrows. **Do not** click on the tabs themselves.

Actual Program Costs: USD 2,000.00
Actual Amount Used from Olympus: USD 1,500.00

Account & Activity Management | Accreditation Costs | Content Development | Faculty and Staff Travel | Honoraria | Meals | Meeting Logistics | Outcomes

Production and Shipping

Accreditation Costs	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Accreditation Costs	1,000.00	1,000.00	1,000.00	1,000.00	
Program Costs: USD 1,000.00		Actual Total Program Costs: USD 1,000.00	Requested Amount from Olympus: USD 1,000.00	Actual Amount Used from Olympus: USD 1,000.00	

← Save and Proceed to Previous Budget Tab
Save and Proceed to Next Budget Tab →

← Save and Back
Save and Continue Later
Save and Proceed to Next Step →
Cancel

As you enter your **Actual Program Costs** and **Actual Amounts Used from Olympus**, the system will add them up automatically and keep a running tally here.

Approved Amount: USD 5,000.00
Actual Program Costs: USD 4,400.00
Actual Amount Used from Olympus: USD 2,500.00

Account & Activity Management | Accreditation Costs | Content Development

Production and Shipping

Step 5c: As a reminder, **Olympus funds may not be used for Faculty Travel, Honoraria, and/or Meals.**

Approved Amount: USD 5,000.00
 Actual Program Costs: USD 6,600.00
 Actual Amount Used from Olympus: USD 2,500.00

Account & Activity Management | Accreditation Costs | Content Development | **Faculty and Staff Travel** | Honoraria | **Meals** | Meeting Logist
 Production and Shipping

Comments must be provided for costs entered in the "Other" category
 Note - Olympus grant support may not be used for health care professionals' or microscopists' travel, lodging, meals or other expenses.

Faculty and Staff Travel	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
--------------------------	------------------------	----------------------	-------------------------------	---------------------------------	----------

Can't move forward to the next tab? You may have missed a required field. Look for a red error message and enter the missing value.

Meals	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Breakfast	3,000.00	<input type="text" value="3,000.00"/> <i>Amount is required.</i>		<input type="text"/>	<input type="text"/>
Lunch	4,000.00	<input type="text" value="4,000.00"/> <i>Amount is required.</i>		<input type="text"/>	<input type="text"/>
Dinner		<input type="text"/>		<input type="text"/>	<input type="text"/>
Breaks/Snacks		<input type="text"/>		<input type="text"/>	<input type="text"/>
Other		<input type="text"/>		<input type="text"/>	<input type="text"/>
	Program Costs: USD 7,000.00	Actual Total Program Costs: USD 7,000.00	Requested Amount from Olympus: USD 0.00	Actual Amount Used from Olympus: USD 0.00	

← Save and Proceed to Previous Budget Tab Save and Proceed to Next Budget Tab →

Step 5d: Comments are required for costs entered in the “Other” category. You must re-enter them on your Reconciliation Report. They do not carry over from your original application.

Device - Rental & Labor					
Teleconference Costs					
Congress/Association Costs					
Onsite Meeting Support					
Other	2,300.00	2,300.00	2,300.00	2,300.00	Meeting Supplies x
Program Costs: USD	3,300.00	Actual Total Program Costs: USD 3,300.00	Requested Amount from Olympus: USD 2,500.00	Actual Amount Used from Olympus: USD 2,500.00	
Save and Proceed to Previous Budget Tab			Save and Proceed to Next Budget Tab		
Save and Back	Save and Continue Later			Save and Proceed to Next Step	
Cancel					

Can't remember what "Other" was referring to? Click **Save and Continue Later** to return to your inbox and click on the **Program Title** to view your original application.

Save time! If there is no **Proposed Program Cost** or **Requested Amount from Olympus**, leave the **Actual** field blank. You do not have to enter zero (0.00).

Outcomes	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Survey Development	1,000.00	1,000.00		0.00	
Data Analysis/Report Generation					
Outcome Partner					

Step 5e: When you have completed the Budget section, click **Save and Proceed to Next Step**.

When you reach the last Budget tab, enter your final values, then check to make sure the **Actual Amount Used from Olympus** is less than or equal to the **Approved Amount**.

Good to go? Click here to advance to the next section.

Approved Amount **USD 5,000.00**
 Actual Program Costs: USD 24,900.00
 Actual Amount Used from Olympus **USD 5,000.00**

Account & Activity Management | Accreditation Costs | Content Development | Faculty and Staff Travel | Honoraria | Meals | Meeting Logistics | Outcomes

Production and Shipping

Comments must be provided for d

Production and Shipping

Live

Design, Printing, and Product

Shipping and Postage

Audience Generation

Other

Stuck? Can't move forward?

Your **Actual Amount Used from Olympus** may be greater than the **Approved Amount**. Revisit each Budget tab and adjust the values you entered so that the **Actual Amount Used from Olympus** is less than or equal to the **Approved Amount**.

If you're still having difficulties moving off this page, click **Save and Continue Later** to save your work, then contact Olympus Grants Team-Americas at 484-896-3939 or grants-americas@olympus.com.

Comments

Save and Proceed to Previous Budget Tab

Save and Back | Save and Continue Later | Save and Proceed to Next Step

Cancel

Step 6: Please provide the required information for the **U.S. Physician Payments Sunshine Act**.

Please answer this question as it relates to **funds and/or equipment provided by Olympus**. If you're unsure how to respond, please contact Olympus Grants Administrators at 484-896-3939 or ocagrants@olympus.com.

Sunshine Reconciliation Details

Medical Education Grant Reconciliation > U.S. Physician Payments Sunshine Act

Tips for Completing This Section

- As part of the requirements of the **U.S. Physician Payments Sunshine Act**, Olympus must track and report certain expenses related to interactions with physicians and teaching hospitals.
- If your organization received a monetary grant from Olympus and any of those funds were used to provide a **payment** (such as an honorarium, speaker fee, or fellowship) or a **transfer of value** (such as food, travel or lodging) to a "**covered recipient**," that is, a United States licensed physician and/or teaching hospital, please answer **Yes** to the question below and provide the requested information.
- If you are unsure how to respond, contact Olympus Grants Team- Americas at 484-896-3939 or grants-america@olympus.com

Indirect Payments/Transfer of Value

* Was an indirect payment or transfer of value (TOV) made to a covered recipient or teaching hospital? Yes No

If you select **YES**, you must provide additional information **on screens not shown in this Guide**. Once you have provided all the required information, you will be able to advance to the next section of the Reconciliation Report. For additional guidance, contact **Olympus Grants Team- Americas** at 484-896-3939 or grants-america@olympus.com.

If you select **NO**, click **Save and Proceed to Next Step** to move to the next section.



Step 7: Review the on-screen instructions to complete the Financial Reconciliation section.

Medical Education Grant Reconciliation > Financial Reconciliation

Tips for Completing This Section

- Please complete all required fields marked with a red asterisk (*).
- Your **Executive Summary** document should include:
 - High-level summary and self-evaluation of your event
 - Discussion of deviations between proposed and actual budget and/or attendance values
 - Comments on equipment support (if applicable)
- If a refund is required, **do not** submit it at this time. We will contact you with additional instructions.
- To submit your report, click **Save and Proceed to Next Step**, then click **Submit** on the next page.

Please follow the instructions and complete all the required fields marked with a red asterisk (*).

Your Reconciliation Report is Not Complete Until You Click "Submit" on the Next Page

Financial Reconciliation

I certify that the funds received were used only for the activity detailed in my original request or approved change of scope. * Yes No

Actual Revenue Generated from Registration Only (if did not charge registration fees, enter 0) *	<input type="text"/>	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> Enter all your Actual Revenue values here. </div>
Actual Revenue from Grant Support *	<input type="text"/>	
Actual Revenue from Sponsorship/Exhibit Support *	<input type="text"/>	
Actual Revenue - Other *	<input type="text"/>	

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Total Proposed Program Costs	USD 25,000.00
Amount Funded by Olympus	USD 5,000.00
Actual Total Program Costs	USD 24,900.00
Actual Program Expenses Funded by Olympus	USD 5,000.00
Olympus' Percentage of Total Program Funding	20.08%
Amount Due Back to Olympus	USD 0.00
If product was awarded by Olympus, please provide your feedback/comments	<input type="text"/>
Executive Summary (see instructions above) *	<input type="text"/> Browse... Clear
Outcomes	<input type="text"/> Browse... Clear
Final Agenda *	<input type="text"/> Browse... Clear
Budget Document (Actuals)	<input type="text"/> Browse... Clear
Evaluation Summary	<input type="text"/> Browse...

This **proposed** value comes from your original application.

These **actuals** come from the Budget section of your Reconciliation Report.

Amount Due Back to Olympus? DO NOT remit at this time. Grants Administrators will contact you with instructions after they review your Reconciliation Report.

To upload required documents (*), click **Browse...** and select the files from your computer.

Want to include documents other than what's listed here? Click **Add Row** to upload additional files.

Check this box to certify that the information you have provided is accurate and complete.

* I certify that to the best of my knowledge the above grant reconciliation information is accurate and complete, and that I have taken reasonable steps to verify its accuracy and completeness. I understand that if any information changes or is found to be inaccurate in regards to the grant reconciliation, I am obligated to promptly report the updated and accurate information to Olympus by contacting grants-america@olympus.com. I also understand that Olympus will comply with applicable federal and state laws and regulations, including, without limitation, the Physician Payments Sunshine Act, that require Olympus to disclose to certain government authorities information regarding the direct or indirect grant payments and/or transfers of value provided to health care professionals or entities, and that such government authorities may in turn publicly post or report the information. Grant recipient shall provide to Olympus any information or assistance reasonably necessary to comply with its obligations under such laws and regulations.

Click here to advance to the next step.

← Save and Back

Save and Continue Later

→ Save and Proceed to Next Step

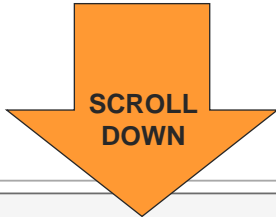
Step 8: Scroll down to review your report and then click **Submit**.

CAUTION!
Your Reconciliation Report is not complete until you click **SUBMIT**.

Submit Reconciliation - Grant ID 000702

Participants

<i>Total # Of Activities :</i>	1	<i>Total # of Learners :</i>	100
<i>Live Activities :</i>	1	<i>Live Learners :</i>	100
<i>Web Activities :</i>	0	<i>Web Learners :</i>	0



Delivery Format : Lecture(s)/Didactic Session(s)
of Speakers/Faculty Members : 12

Activity Start Date : 08 Mar 2017 Activity End Date : 09 Mar 2017 Venue : Allentown Hospital
 Country : United States City : Center Valley State/Province : PA
 Postal Code : 18034 Audience Generation Tactics : email Web URL :
 Venue URL :

Are you seeking product support from Olympus and/or Spiration for this activity : Yes No

Audience Group	Specialty	Category of Credit	CE/CME Credit Hours for Category	# of Actual Invitations Distributed	# of Actual Learners	# of Actual Learners to Receive Credit
Physicians	Gastroenterology	ACCME	9	100	100	100

Reconciliation Details

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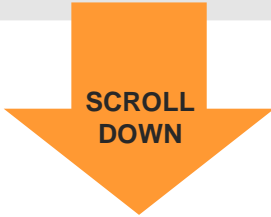
- Account & Activity Management
- Accreditation Costs
- Content Development
- Faculty and Staff Travel
- Honoraria
- Meals
- Meeting Logistics
- Outcomes

Production and Shipping

Account & Activity Management	Proposed Program Costs	Actual Program Costs	Requested Amount from Olympus	Actual Amount Used from Olympus	Comments
Logistics Management	1,000.00	1,000.00	500.00	500.00	Applied to AV Cost
Financial management	0.00	0.00	0.00	0.00	
Content Management	0.00	0.00	0.00	0.00	
Audience Generation Management	0.00	0.00	0.00	0.00	
Other	0.00	0.00	0.00	0.00	
	Program Costs: USD 1,000.00	Actual Total Program Costs: USD 1,000.00	Requested Amount from Olympus: USD 500.00	Actual Amount Used from Olympus: USD 500.00	

Sunshine Reconciliation Details

CAUTION!
Your Reconciliation Report is not complete until you click **SUBMIT**.



Was an indirect payment or transfer of value (TOV) made to a covered hospital?

I certify that the funds received were used only for the activity(ies) detailed in my original request or approved change of scope. Yes No

Actual Revenue Generated from Registration Only (if did not charge registration fees, enter 0)	USD 10000.00
Actual Revenue from Grant Support	USD 10000.00
Actual Revenue from Sponsorship/Exhibit Support	USD 5000.00
Actual Revenue - Other	USD 0.00
Total Proposed Program Budget	USD 25,000.00
Amount Funded by Olympus	USD 5000.00
Actual Total Program Budget	USD 24900.00
Actual Program Expenses Funded by Olympus	USD 5,000.00
Olympus' Percentage of Total Program Funding	20.08%

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Click **SUBMIT** to send your Reconciliation Report to Olympus.

Amount Due Back to Olympus USD 0.00

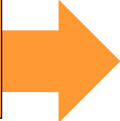
If product was awarded by Olympus, please provide your feedback/comments

Document Title	Uploaded Document File Name	Date	Download
Executive Summary (see instructions above)	CME Law and Policy.doc	22 Mar 2017	View
Final Agenda	CME Law and Policy.doc	22 Mar 2017	View

I certify that to the best of my knowledge the above grant reconciliation information is accurate and complete, and that I have taken reasonable steps to verify its accuracy and completeness. I understand that if any information changes or is found to be inaccurate in regards to the grant reconciliation, I am obligated to promptly report the updated and accurate information to Olympus by contacting grants-america@olympus.com. I also understand that Olympus will comply with applicable federal and state laws and regulations, including, without limitation, the Physician Payments Sunshine Act, that require Olympus to disclose to certain government authorities information regarding the direct or indirect grant payments and/or transfers of value provided to health care professionals or entities, and that such government authorities may in turn publically post or report the information. Grant recipient shall provide to Olympus any information or assistance reasonably necessary to comply with its obligations under such laws and regulations.

[← Edit](#) [Submit →](#)

How do I know if my Reconciliation Report has been submitted properly?



Step 9: After clicking Submit, you will automatically return to your Welcome page, which contains your Inbox. Scroll down to check the status of the grant for which you just submitted a Reconciliation Report.

You'll know you've submitted your Reconciliation Report correctly if the grant's Status has changed to **Review Reconciliation**, which means it's time for Olympus Grants Administrators to review your report.

Another sign you've completed this process? There is no Action Required.

Medical Education

Request ID	Request Type	Status	Program Title	Start Date	Submitted Date	Action required	View/Print Agreement
MED-GYN-1430	Medical Education	Approver Review	Laparoscopic Pelvic Dissection: From the Ureter to Blood Vessels to Avascular Spaces	12 Oct 2017	13 Jul 2017		
MED-ENT-1178	Medical Education	Review Reconciliation	Midwest Resident Update in Rhinology: Techniques in Endoscopic Sinus Surgery	29 Jul 2017	24 Apr 2017		View/Print Agreement
MED-ENT-814	Medical Education	Declined	Advanced Surgical Techniques for Sleep Apnea and Snoring	27 Apr 2017	18 Jan 2017		
MED-GYN-630	Medical Education	Pending Reconciliation	Advanced Retroperitoneal Anatomy and Neuro-anatomy of the Pelvis	06 Jun 2017	17 Nov 2016	Please Reconcile Budget and Attendance	View/Print Agreement
MED-OTH-522	Medical Education	Review Reconciliation	28th Annual Skull Base Approaches: Microscopic and Endoscopic	19 Apr 2017	07 Oct 2016		View/Print Agreement
MED-ENT-188	Medical Education	Activity in Progress	27th Annual Craniofacial Surgery and Transfacial Approaches to the Skull Base	01 Dec 2017	01 May 2017		View/Print Agreement

Thank you for using the Olympus Grants Management System to complete reconciliation. Our Grants Administrators will review your report and contact you if we have additional questions about your submission. We will also provide additional instructions if a refund is due to Olympus.

Olympus Grants Team- Americas | 484-896-3939 | grants-americas@olympus.com

OLYMPUS®

A thick, yellow, horizontal swoosh underline that tapers at both ends, positioned directly beneath the word 'OLYMPUS'.