



# Fellowship Help Guide

OMeGA Medical Grants Association

2019-2020 Fellowship grants

(9/24/18)

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View the [Help Guide FAQs](#).

If you need any additional assistance, please email: [info@omegamedicalgrants.org](mailto:info@omegamedicalgrants.org).



## Getting started

Most LOI and application questions can be seen later in this help guide. Suggestions are provided to help you complete the application concisely. After you register in the online [Fellowship Grant Lifecycle Manager](#) (GLM), follow these distinct steps:

### 1. Application fee

A \$30 fee must be paid before starting the application process. Each application fee must be paid separately to receive a unique 5-character order number for each application. The 5-character order number is found on the receipt sent to the email address associated with the AOA ID used to pay the application fee. This order number is unique to the application, can be used only once, and will be used throughout the process. If a grant is awarded, the order number will be used as the Grant ID. Click on [AOA Store](#) to pay the application fee.

*NOTE:* The AOA store username/password is different from the OMeGA GLM username/password used to access your LOI (Letter of Inquiry)/Application. Contact [info@omegamedicalgrants.org](mailto:info@omegamedicalgrants.org) if you are unsure of your AOA username/password or do not have an AOA account. *You do not need to be an AOA member to apply for an OMeGA grant, but you do need to have an AOA account.*

### 2. LOI (Letter of Inquiry)

After the application fee has been paid and you have the 5-character order number, log in to the fellowship GLM. To access and complete the LOI, click on the word "Apply" on the GLM dashboard and then scroll down the page to select the subspecialty in which you would like to apply for a grant. The LOI must be submitted, reviewed and approved by OMeGA prior to having access to the application. Allow 2-3 business days for OMeGA's review of the LOI. If additional information is requested, complete as necessary and resubmit within three business days, knowing you cannot start the application until the LOI is approved. You will be notified by email when the LOI has been approved and you can move on to the application. The application is not visible until the LOI has been approved.

Repeat the process if you are completing an application in more than one subspecialty. Each 5-character order number can be used for only one LOI/application. Each US institution may apply once in each subspecialty. OMeGA is not awarding grants to Canadian programs for the 2019-2020 academic year.

### 3. Application

***The application must be submitted by Tuesday, December 4, 2018, 5pm CST.***

## One application per subspecialty program

US orthopaedic fellowship programs may apply for one fellowship grant per subspecialty up to \$75,000 each. OMeGA is not accepting applications from Canadian programs for the 2019-2020 academic year.

**Covered expenses** are the supported fellow's salary and benefits.

Email OMeGA at [info@omegamedicalgrants.org](mailto:info@omegamedicalgrants.org) during the application process to request preapproval of other direct educational expenses, including dollar amount, if salary and benefit support is not possible. If approved, you will be asked to upload a copy of your educational expense request and OMeGA's approval email to your application prior to submitting. If approved and you do not attach a copy of your request and OMeGA's approval email to your application your request for other direct educational expense support may be rescinded.

**Non-covered expenses** include capital improvement (such as, but not limited to, addition of a permanent structural improvement or restoration of some aspect of a property that will enhance the property's overall value or increase its useful life); capital equipment purchases (including, but not limited to, items with an acquisition cost of \$5,000 or more, are not disposable or consumable, are stand alone, have a useful life of one year or more); malpractice insurance coverage; endowment funding; cellular telephone payments; parking fees; computer hardware or software; travel, meals, and housing for events/meetings/courses; research; license registration; license renewal; lab course fees or registrations and related expenses; overhead (including indirect costs from shared services including facilities, utilities, libraries, physical plant operation/maintenance, administration, student services, and building/equipment depreciation); or other expenses prohibited by the Agreement.

## [OMeGA's fellowship Grant Lifecycle Manager \(GLM\)](#)

If attempting to access the GLM and you're unable to use the link above, copy and paste, or type the following into your

browser: <https://www.grantinterface.com/Common/LogOn.aspx?urlkey=omegafellowship>

Use the above link when applying for a fellowship grant. Bookmark for future use.

Whether you have applied in the past or this is your first time applying for a grant with OMeGA, please read through the entire help guide first. We've included useful information about OMeGA's entire grant process as well as the online LOI and application. You'll notice there is also a [tutorial video](#).

## General hints

### Start early

If other people are providing information to you for the application, give them deadlines that allow you time to put it all together. If your grants office is an integral part of this process, ensure there is enough time for them to review and approve the application by OMeGA's deadline. Be sure you and your grants office can agree to OMeGA's Grant Recipient Agreement (GRA) before submitting your application. [Click here](#) to review a sample GRA. All grant recipients must sign the GRA. There will be no changes to the GRA.

## **Contact person**

If the primary contact person will be away for an extended time during the application and review period, be sure to provide the alternate contact you've indicated in the LOI with the primary contact's login information. This person must have the primary contact's GLM User ID (email address) and password to access the application. The application will not be reassigned at this stage.

## **One person at one time**

Only one person/GLM email login account can have access to the LOI and application at a time. Plan accordingly. Opening more than one tab or window at a time to the software will cause you to be unexpectedly logged off and your unsaved data will be lost.

## **Judicious uploading**

Do not upload brochures, PowerPoint presentations or other pieces that were created for another use. Reviewers have many applications to review and are looking for concise answers to the questions asked.

## **Answer the question asked**

First and foremost, provide the information requested. Be concise: there are character limits in most text fields and an error message will appear if the character limit is exceeded. The application cannot be submitted until the error is corrected.

## **Inputting information**

It is recommended, and you may find it easier, to prepare information in a separate Word document, then copy and paste into the response boxes once all your information is together. Opening more than one tab or window at a time to the software will cause you to be unexpectedly logged off and your unsaved data will be lost. Also, the system times out and you are automatically logged out of the system after 90 minutes of inactivity. Unsaved information will be lost. *Remember to save often!*

We encourage you to have someone else read your completed application for accuracy of content and proofread for typographical errors.

## **2019-2020 fellowship academic year schedule**

Application period opens – Monday, September 24, 2018

Application period closes – Tuesday, December 4, 2018, 5pm CST

Applicants notified of decisions – April 2019

Public announcement of grant recipients – June 2019 (or after all signed GRAs have been returned)

## ***Installment dates:***

50% of funds distributed to grant recipients – August 1, 2019 (payment schedule may be adjusted if there are outstanding reports due from the subspecialty program from the preceding academic year)

40% of funds distributed to grant recipients – February 15, 2020 (or after the Midyear report has been submitted and approved, whichever is later)

10% of funds distributed to grant recipients – August 15, 2020 (or after the final report has been submitted and approved, whichever is later).

### **Grant recipient required reporting**

Recipients are required to provide two reports through the online grant management system regarding the use of funds. Recipients are also required to provide acknowledgements through the online grant management system. All forms, additional tracked forms, and receipts must be submitted in English. All budgets, receipts and reconciliations must be submitted in US dollars. The payment schedule mentioned in the above section may be adjusted by OMeGA if there are outstanding reports due to OMeGA from the subspecialty program for any grant. Reports are reviewed and approved by OMeGA before payments are released.

### **Report due dates:**

A Midyear report providing basic information regarding the fellowship program, supported fellow, the supported fellow's activities including research, presentations, and procedures performed, and financial reconciliation to date is due February 1, 2020. The reporting period is 8/1/2019-1/31/2020.

The Final report is due August 1, 2020, and should describe attainment of fellowship objectives and outcomes, reconciliation of all expenses, and other requested information as described in OMeGA's report request documents. The reporting period is 2/1/2020-7/31/2020.

### **Qualified applicants**

All orthopaedic programs in the United States may apply for an OMeGA grant. Accredited or non-accredited programs may apply. Applications, attachments, and subsequent reports must be submitted in English. All budgets (including receipts and reconciliations, if a grant is awarded) must be submitted in US dollars. OMeGA is not accepting applications from Canadian programs for the 2019-2020 academic year.

### **Fellows cannot apply for a grant directly**

A fellow may help gather data needed for the grant application, but his or her name may not appear on the application or attachments and cannot be the applicant, primary contact, or alternate contact.

### **Apply for all possible grants**

We encourage your program to apply for all available grants since there are no guarantees that your program will be awarded a grant from any one organization. However, you may not "double dip": your program must decline the portion of the OMeGA grant if costs are covered by other sources including another grant.

## Required responses in the online LOI and application

Questions marked with an asterisk (\*) on the right side of the question require a response. In addition, many questions have character restrictions and/or limited number of characters.

## Enlarge the textbox view

Some application questions are answered in a textbox. To view all text entered or formatting/spacing, click and drag the three small diagonal lines at the bottom right corner of the textbox.

## Paying the application fee

There is a \$30 fee for each application that must be paid before you can start the application process. *Each application fee must be paid for separately to receive the unique 5-character receipt order number needed for each application.* This order number can be used for only one application and will be used throughout the process. If a grant is awarded, the order number will be used as the Grant ID.

While the [AOA Store](#) will accept payment for more than one application at a time, do not consolidate application fees since you will be given only one receipt order number with each transaction. This order number can be used only once. Be sure to save this number because it will be used to access your application and to identify your grant throughout the grant process. Allow 30 minutes for the application fee to be processed and your receipt containing a unique 5-character order number to be sent to the email address associated with your AOA ID.

### If the program or program director has an AOA ID and password

1. [Click here](#) to be directed to the AOA Online Store. If attempting to access the store and you're unable to use the link above, type or copy and paste the following into your browser:  
<http://www.aoassn.org/aoaimis/ItemDetail?iProductCode=GRANTAPPFEE&Category=OMEGA&WebsiteKey=839031aa-6b44-404a-a167-2c444cebc940>
2. Sign in and enter the AOA ID and password.
3. Confirm the email address is correct.
4. Make sure you are still on the OMeGA Grant Application Fee tab.
5. Click on "Add to Cart" in the bottom right corner.
6. Choose only "1" in quantity and click on "Checkout" in the bottom right corner.
7. Enter the credit card information. MasterCard, Visa, and American Express are accepted.
8. Proceed to payment.  
Repeat steps 5 – 8 if paying more than one application fee.

### If the program or program director *does not have* an AOA ID and password

1. Email [info@omegamedicalgrants.org](mailto:info@omegamedicalgrants.org) with
  - a. Program director's name, or the name of the individual in which you would like the AOA ID created
  - b. Title

- c. Institution
- d. Address
- e. Phone
- f. Email address

The AOA ID and password will be emailed to you within two business days.

2. [Click here](#) to be directed to the AOA Online Store. If attempting to access the store and you're unable to use the link above, type the following into your browser:  
<http://www.aoassn.org/aoaimis/ItemDetail?iProductCode=GRANTAPPFEE&Category=OMEGA&WebsiteKey=839031aa-6b44-404a-a167-2c444cebc940>
3. Sign in and enter the AOA ID and password.
4. Confirm the email address is correct.
5. Make sure you are still on the OMeGA Grant Application Fee tab on the top right.
6. Click on “Add to Cart” in the bottom right corner.
7. Choose only “1” in quantity and click on “Checkout” in the bottom right corner.
8. Enter the credit card information. MasterCard, Visa, and American Express are accepted.
9. Proceed to payment.

You will not be able to apply until your payment is processed. An application fee receipt will be sent to the email address associated with your AOA ID. The receipt contains a 5-character receipt order number. [Click here](#) to see where to find this number on the receipt. Make sure to save the order number to access your application.

## Fellowship application process

The following section lists most LOI and Application questions as you will see them. Suggestions are provided to help you complete the LOI and application concisely.

### *LOI definitions*

**Order number/Project name** – This is the 5-character order number found on your paid application fee receipt. Do not substitute/interchange names and AOA IDs from what was used when paying the application fee.

**AOA ID** – This is the 2-, 3-, 4-, or 5-digit number associated with the person’s name used to pay the application fee.

**AOA ID member name** – This is the name of the person associated with the AOA ID used to pay the application fee. This name must be associated with the AOA ID but does not need to match the name of the person applying for the grant. Do not substitute or interchange names and AOA IDs from what was used when paying the application fee. This information is used strictly to track the payment and ensure it is applied properly.



## ***Alternate contact information***

**Alternate contact** – Include first and last name, title, email address and phone number of the person to be contacted if the primary contact cannot be reached. *The alternate contact (name, email, and phone) must be someone other than the primary applicant.* This person does not have access to grant information unless the primary user provides them with login information.

## ***Tax information***

**Tax status** – Choose the tax status of your organization.

**Tax identification number** – Enter the tax identification number shown on the forms you will upload further down in the LOI. This number must be the tax identification number for the "Check payable" name you will provide. *This tax identification number will be used for Open Payments reporting.*

**Tax status form(s)** – Upload your tax status form(s) as a pdf. Blank forms are available in the LOI and under the "Supporting documents" section of this Help Guide.

## ***Award organization name***

**Award organization name** – If a grant is awarded indicate how the organization name should be listed in OMeGA's public notifications.

**Award organization city** – Organization city.

**Award organization state** – Organization state.

## ***Check information***

**Checks payable to** – This organization name must match the organization name provided for the tax identification number on the forms (W-9 and 501(c)(3) IRS Determination letter) uploaded in the previous questions. *This name will be used for Open Payments reporting.* Be sure to verify this is the correct "Pay to the order of" information since the form cannot be changed after the LOI has been approved by OMeGA. (30-character limit)

**Payment address** – Where the check is to be mailed, including the first and last name of the person to whose attention it should be sent, if applicable. Include the name of the individual to which the check should be directed.

**Check payable address change** – Indicate if any of the check payable information has changed from what was provided in your LOI for this subspecialty last year.

## ***Compliance***

**Agree to terms** – You will not be able to proceed to the application stage if you do not agree to all terms: AdvaMed code and PhRMA guidelines, OIG guidelines, Anti-Kickback statute, and OMeGA's Grant Recipient Agreement.

## ***Application questions***

**Order number/Project name** – This is the 5-character order number found on your paid application fee receipt and the same number used on the LOI.

**Amount requested** – Indicate amount requested, not to exceed \$75,000 US dollars.

**Covered expenses** – Acknowledge your program will use funds for the supported fellow’s salary and benefits. Email OMeGA at [info@omegamedicalgrants.org](mailto:info@omegamedicalgrants.org) to request preapproval of other educational expenses if salary and benefit support is not possible. If a grant is awarded, use of grant funds are verified and reconciled in two required reports throughout the academic year.

**Non-covered expenses** – Acknowledge your program will not use funds for non-covered items listed.

## ***Organization information***

**Developing or Established program** – Indicate in which category your program is applying.

***Developing programs:*** Fellowship programs that are just starting and have no previous history or long list of achievements. A developing program is defined as: a) a program younger than three years without prior funding; or b) a program based upon and primarily focused on a new multidisciplinary approach that addresses unique issues (i.e.: geriatric orthopaedics or combined adult reconstruction/trauma fellowship).

Note: Programs may receive up to two Developing program grants within its first three years, one per academic year. Do not apply again as a Developing program if your program previously received two Developing program grants. Apply as an Established program. ***Established programs:*** Fellowship programs that have been in existence for more than three years and have a history of graduating trained fellows for at least two years. Apply as an Established program if previously awarded two Developing program grants.

**Program academic year** – Indicate your program’s academic year start and end dates. Changes to a 12-month standard academic year may result in a reduced grant amount.

**Academic year, explain**—If your program’s academic year is something other than August 1-July 31 or July 1-June 30, indicate the dates here.

**Accreditation status** – Select your fellowship program’s accreditation status from the drop-down list.

**Accreditation body** – Select your fellowship program’s accreditation body from the drop-down list.

**Affiliation with an accredited residency program** – Indicate (yes or no) if your program is affiliated with an ACGME accredited residency program.

**Accredited residency program name** – Provide the name of the accredited residency program. If none, write “Not applicable.”

## ***Program information***

**Program description and quality of clinical facilities and resources** – Briefly describe your program. Be sure to address the specific items indicated in the application for your application category (Developing or Established program). (2,000-character limit)

## ***Qualifications and expertise of Program director and faculty***

**Program director, name** – Provide the first name, middle initial, and last name of the program director.

**Program director, degree** – Indicate the program director’s degree.

**Program director, email address** – Provide the program director’s direct email address. This information will be used only as it pertains to this grant application order number.

**Program director, phone number** – Provide the program director’s direct phone number. This information will be used only as it pertains to this grant application order number.

**Program director, CV** – Paste a concise CV using the required form provided. (10,000-character limit)

**Program director – subspecialty society member** - List all societies to which the program director belongs. List all held officer positions. (1,000-character limit)

**Other faculty** – List all other faculty; include full name, degree, and title, year of Board certification, subspecialty and/or expertise, role and hours per week involved in teaching fellows. Include a list of recent publications (past five years, maximum of five publications) for each faculty member. (7,500-character limit)

**Number of FTEs** – Indicate how many orthopaedic subspecialty full-time equivalents, including the program director, teach in the fellowship program.

### ***Faculty and fellows***

**Faculty to fellow ratio** – Indicate the ratio of full-time faculty to fellows in the subspecialty program. Use the ratio format; ie: 1:1.

**Match process** – Indicate if your fellowship program participates in the program match process.

**Match spots** – Indicate the number of match spots that are in the fellowship match for the subspecialty.

**Fellows appointed** – Indicate the number of fellows appointed for the upcoming academic year.

**Spots offered/Spots appointed** – Indicate the number of spots (including match spots) offered and appointed in your program over the last five academic years.

**Gender diversity** – Indicate the number of female fellows who have graduated from your program in the last 5 academic years. Include the current academic year.

**LGBTQ+** - Indicate if any of your fellows self-identify as LGBTQ+.

**Racial diversity** – Indicate the number of underrepresented minorities who have graduated from your program in the last 5 academic years. Include the current academic year.

**African American or Black** – Indicate the percentage of underrepresented minorities that have graduated from your fellowship program in the past five years that are African American or Black.

**Hispanic or Latino** – Indicate the percentage of underrepresented minorities that have graduated from your fellowship program in the past five years that are Hispanic or Latino.

**American Indian or Alaska Native** – Indicate the percentage of underrepresented minorities that have graduated from your fellowship program in the past five years that are American Indian or Alaska Native.

**Number of female faculty** – Indicate the number of female faculty who teach fellows in your program.

**Number of underrepresented minority faculty** – Indicate the number of underrepresented minority faculty who teach fellows in your program.

**Method of formal evaluation** – Describe the method of formal evaluation of fellows, faculty and the fellowship itself. Include 360-degree reviews, faculty reviews of fellows, how often each fellow is evaluated and who performs the fellow evaluations. (1,000-character limit)

## ***Research, presentations, publications, and case logs***

**Environment of inquiry and research** – Describe how your program maintains an environment of inquiry. Detail the research facilities and resources as well as opportunities and requirements for research in your program. Include dedicated research time, PhD, or other faculty for research support, dedicated IRB assistance and a statistician available for fellow's use. (You will be asked to list presentations and publications later.) (2,500-character limit)

**Research projects** – List the research projects performed by fellows in the last three academic years. Do not exceed 10 projects per fellow. Include project title and all investigators. Fellow should be lead person in research project. List each project only once. List projects by fellow. (5,000-character limit)

**Regional/national/international presentations** outside your institution – List the presentations given by fellows at regional/national/international meetings outside your institution during the last three academic years that resulted from program activity. Do not include weekly conferences and/or grand rounds. Do not exceed 10 presentations per fellow. Include presentation title, name of meeting, location (ie: subspecialty annual meeting), audience, and date presented. List projects by fellow. (7,500-character limit)

**Publications** – List the publications (articles and book chapters) authored or co-authored by fellows in your program (first author only) that have been published in peer reviewed journals or book chapters during the last three academic years. Do not exceed 10 publications per fellow. Include article title, medical journal or publication name, publication date (past or pending) and all authors. (Note: fellows must have been in your program while doing the research, but not necessarily when the article was published.) List publications by fellow. (7,500-character limit)

**Case logs/CPT codes/procedures performed** – Report the number of procedures performed by CPT codes during the previous academic year for the entire subspecialty program for all fellows in your program. Include all procedures where fellows were the primary surgeon or first assistant. Provide all information requested on the form. Download the *required form* (linked in the application), complete and then upload to the application. Use of the linked form is required. (5 MB file size limit)

**Number of cases** – Report the number of cases performed by all fellows in your program during the previous academic year. Use ACGME guidelines. An excerpt from the guidelines and a link to the complete ACGME guidelines is provided in the application. Note: This number may or may not match the number provided for the above case log/CPT code question. Each *case* can have one or more *procedures* (CPT codes).

**Number of fellows** - Report the number of fellows in your program during the previous academic year who performed the cases reported above.

**Average number of cases per fellow** – Using the numbers provided in the previous two questions, divide the number of cases reported by the number of fellows who completed the cases.

## ***Budget overview***

**Budget** – Indicate how requested grant funds will be allocated by providing a US dollar breakdown of funds for salary and benefits.

## ***Funding overview***

**Funding** – Provide the percentage of funding received from each of the following sources for the prior academic year. Ensure the total equals 100.

- Billed percentage
- Department/Faculty/Medical Center percentage
- Government percentage
- Institution or institution foundation percentage
- External funding, Industry percentage
- Third party (OMeGA, OREF, COTA, AO Foundation) percentage
- Other percentage

**Funding source** – List all funders external to your department. (500-character limit)

## ***Additional suggestions and comments***

**Additional comments** – Add additional information not previously stated in support of your application. This is not a required question.

**Additional documents** – Upload additional documents in support of your application. This is not a required question.

**OMeGA's process** – Provide comments/suggestions of what could be done differently to improve OMeGA's process. This is not a required question.

## **Overview of online application process**

The following is designed to provide grant applicants with instructions for use of the Grant Lifecycle Manager (GLM) application. Remember while this document attempts to provide step-by-step instructions, we realize that not all user scenarios may be adequately covered. If you remain on a page with inactivity for longer than 90 minutes, you will be logged off for security reasons. Unsaved information will be lost. *Remember to save often!*

You can also watch a 5-minute tutorial video by [clicking here](#). We encourage you to watch this helpful tutorial.

## **Registration page**

If you already have an account in the *fellowship* Grant Lifecycle Manager;

1. Enter your GLM login, (your email address) in the login field.
2. Enter the Password that you chose when you set up your account.
3. Press the “Log On” button to enter the Grant Lifecycle Manager.

If you have forgotten your password:

4. Click on the “Forgot your Password?” link, enter your GLM User ID, which is your email address, and the system will send a password reset email to you.

If you do not have an existing account:

5. Click on “Create New Account” to register. See diagram

The screenshot shows the OMeGA Medical Grants Association login page. At the top left is the OMeGA logo with the text 'MEDICAL GRANTS ASSOCIATION' and '10 years of GME support'. The page title is 'Logon Page'. There are two input fields: 'Email Address\*' and 'Password\*'. Below the fields are three buttons: 'Log On' (blue), 'Create New Account' (grey), and a link 'Forgot your Password?' (blue). Three callout boxes provide instructions: 1. A box pointing to the 'Log On' button states: 'Applicants who have previously registered can access their account by entering their GLM User ID (email address) and password. The system is case sensitive.' 2. A box pointing to the 'Create New Account' button states: 'New applicants must register themselves and their organization before gaining access to the Grant Lifecycle Manager (GLM). The system is case sensitive.' 3. A box pointing to the 'Forgot your Password?' link states: 'Click here to enter your GLM User ID (email address) and receive a link to reset your password. The system is case sensitive.'

### To register an account

1. Click on “Create New Account.”
2. Enter your personal contact information.
3. Enter your organization’s contact information.
4. Click on the “Proceed to Next Step” button.

### Entering a password

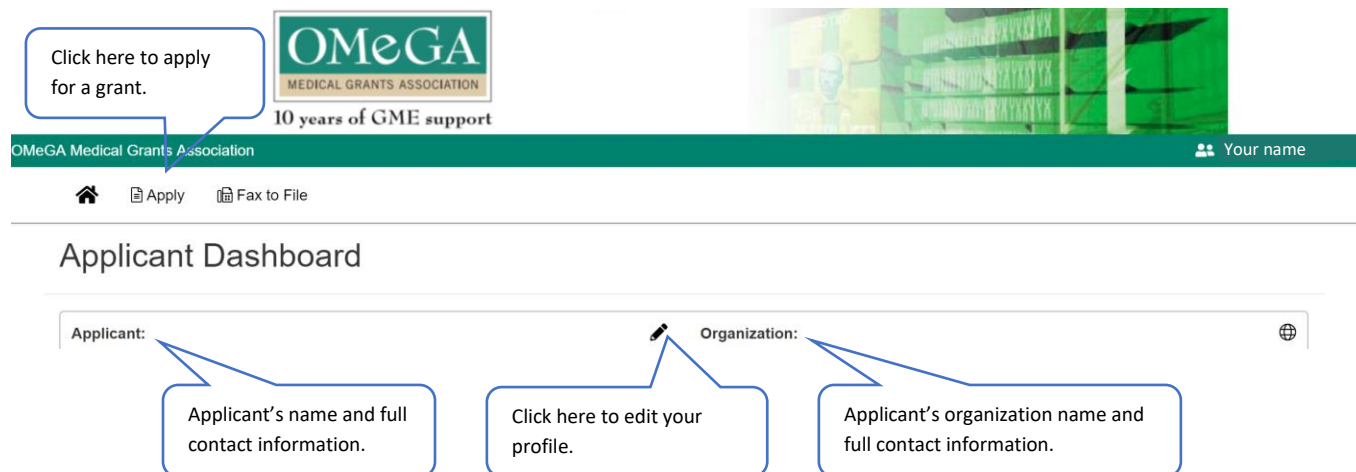
1. After you have registered your account, you will be taken to a “Set Password Page” where you will enter your password.
  - a. Click “Save” after entering the password.
2. If you wish to change your password, login to your account and click on the pencil icon (✎) opposite your name. This will allow you to change your information.

### Applicant dashboard page

After you have registered your account, you will be directed to the Applicant Dashboard.

1. Apply – This allows you to review the available grants and apply.
2. Dashboard – This is your homepage where you can check the status of your grants. This page will display the form you just completed, its status, and the next form to complete, if available.
3. Fax to File – Instead of scanning a document, you can fax it to your computer. Using Fax to File helps shrink documents to a smaller file size. [Click here](#) for more information about Fax to File.

## Application dashboard page diagram



### Choosing a grant program

After clicking on “Apply” you will see a link to grant applications, one for each subspecialty. Scroll the page and select the subspecialty in which you would like to apply for a grant. Repeat the process if you will be completing an application in more than one subspecialty. Each US program may apply once in each subspecialty.

Listed in the help guide and on OMeGA’s website is a brief description of the grant and who qualifies for the grant. Read the description thoroughly before applying.

1. If you already paid the \$30 application fee and received the 5-character receipt order number, click on the grant program to start filling in the first form: LOI (Letter of Inquiry). OMeGA does not use an Access Code, so please disregard this text box.
2. The application process has two forms: LOI and application. The LOI must be approved before the application is visible.

### Completing the LOI

1. Before starting the first form, LOI (Letter of Inquiry), you will need the receipt order number that is found on your paid application fee receipt email. This is a unique 5-character order number and is used to access your application. [Click here](#) to see where to find this number on your application fee receipt. If you have not yet paid your application fee, [click here](#) to go directly to the AOA Online Store and pay the fee.
2. Answer the questions on the form, paying close attention to the instructions and character limitations for each question.
  - a. Text questions have a character limit. File upload questions have size limitations indicated in Mega Bytes (MB).

3. Applicants can save forms as a draft and come back to the form after any given time to complete it. You must click “Save” at the bottom of the form to avoid losing the answers already completed. OMeGA will not review forms until submitted. See diagram.

Save or Submit LOI/Application diagram.

check payable answer.

**W-9 form**  
The organization name on the W-9 form and the check payable name must match. The W-9 form must be current, signed, and dated.

Click here to submit your LOI.

Click “Save LOI” to avoid losing answers already completed.

Save LOI Submit LOI

- a. You will receive a confirmation email after the submitted application has been received by OMeGA. The word “Complete” will be grayed-out if your submission has been received. If the form has not been received, “Complete” will appear in blue.
4. When the LOI is complete, submit the form. The LOI will be reviewed within 2-3 business days. OMeGA will review and either approve or return for corrections. If the LOI is returned for corrections, complete as necessary and re-submit. You do not have access to the application until the LOI is reviewed and approved. Applicants can save forms as a draft and come back to the form after any given time to complete. You must click “Save” at the bottom of the form to avoid losing the answers already completed. OMeGA will not check for completeness until the form is submitted.
    - a. There will be a confirmation page after forms are submitted. Refer to your Application Dashboard Page to see what stage each form is in.

Sample workflow page.

Management Software provided by Foundant Technologies © 2018

Project Name\* Response required. If a required response is blank when submitting, a reminder will populate indicating a response is required.

Project Name is Required

**Amount requested\***  
Enter the amount requested, not to exceed \$75,000 US dollars. Do not enter special characters such as dollar sign, comma or decimal.  
\$

**Program description\***  
Briefly describe your program. Address items mentioned above for your appropriate application category (Developing or Established program).

Character limit. 2,000 characters left of 2,000

Resize the text area by dragging the corner.

**Additional documents**  
Upload any additional documents in support of your application. This is not a required question.  
Upload a file [5 MiB allowed] MB limit.

Save the form and keep working.

Submit the form to OMeGA. Once submitted no changes can be made.

Save Application Submit Application



## Accessing forms after “Save” and “Submit”

The Applicant Dashboard is your homepage. You will be automatically directed there when you log in. You can check the status of your application on the Applicant Dashboard and access it for historical record keeping.

1. You can view the LOI and application at any time by clicking on Edit/View LOI or Edit/View Application, depending on the stage. No changes can be made was the form has been submitted.
2. You can Edit the saved form from the Applicant Dashboard if the form has been saved as a Draft.
3. You may find it helpful to save a pdf of all print packets to your computer hard drive for future reference.

## Supporting documents

Links to current tax forms to be used in the LOI are below. These forms are also linked within the LOI.

[W-9](#), – Request for Taxpayer Identification Number and Certification

[501\(c\)\(3\)](#) – Section 501(c)(3) organizations

*Upload the following documents as Word or Excel files. Do not convert to pdf.*

[Program Director CV](#)

[Faculty Director CV](#)

Your grant will be reviewed for completion by OMeGA after you have formally submitted.. We will request additional information via email if your application is incomplete. Programs have five business days to provide the necessary information before the grant request is closed. You will have two business days to return your information when the application deadline gets closer or if OMeGA contacts you after the application deadline date. This will be noted in the request for additional information email that is sent.

Once all information is completed, the Review Committee will review your application and may also request additional information. Be prompt in providing the information requested within the timeframe communicated at that time. Your application is not reviewed and not eligible for a grant until the requested additional information is submitted. The Review Committee will then recommend or deny the grant request. We will communicate the decision to the applicant by email.

## Grants – after the decision

All OMeGA grant recipients must sign the Grant Recipient Agreement (GRA) issued by OMeGA Medical Grants Association. [Click here](#) to review a sample GRA. There will be no changes to the Grant Recipient Agreement: please ensure that you and your grants office can agree to this document before submitting. If you have any questions on the agreement terms, please contact OMeGA at [info@omegamedicalgrants.org](mailto:info@omegamedicalgrants.org).

## **Governing law issue**

*Governing Law. This Grant Agreement shall be governed by the law of the State of Illinois without regard to conflict of law rules and venue for resolution of dispute will reside with the state and federal courts located in Cook County, Illinois.*

A few programs have asked if OMeGA will alter our policy on governing law (shown above), either changing to the laws of another state or country or remaining silent. While OMeGA does not anticipate any issues, this section ensures that OMeGA would consistently use one law for all problems regardless of the institution location with which the problem arose—nor need to travel to any location throughout the United States to which OMeGA provides grants.

## **Required reports**

Grant recipients are required to provide OMeGA with two reports regarding the use of awarded funds. Timely, accurate and thorough reports must be completed using the online Grant Lifecycle Manager (GLM), without modification, including additional data tracked on required OMeGA forms for case logs and use of funds summary. Applicable professional fees for the fellow's services must be billed by and retained by the Recipient. Applications, attachments, and subsequent reports must be submitted in English. All budgets, including receipts and reconciliations, must be submitted in US dollars.

Letter of Inquiry (LOI), application, attachments, subsequent reports, acknowledgements, forms, additional tracked forms, and receipts must be submitted in English and have been incurred in the grant period. All budgets, receipts and reconciliations must be submitted in US dollars. The Midyear report is due February 1 and the Final report is due August 1. Additional or follow up information must be provided within the timeframes established by OMeGA.

## **All funds expended**

Several of OMeGA's donor agreements for the 2019-2020 academic year state unused funds must be returned to the donor. Returning funds is counter-productive to OMeGA's mission. If your program will not utilize all funding provided, we will offer any excess funds to support another meritorious program in the same subspecialty during the same academic year. By doing this, OMeGA can provide funding to more programs that need support. Grant recipients must notify OMeGA by February 1 and with the Midyear report if all award funds will not be used for allowed expenses by July 31, the end of the academic year.

We have had several situations where the program has confirmed funds expended and/or ability to use additional funds then have the organization's accounting/financial department reverse this confirmation at a later date. Ensure your organization's accounting/financial department is in complete agreement with your financial assessment by the required dates so OMeGA can distribute funds most effectively.

## Penalties

If required reports are not submitted by the established due dates, the payment schedule for the current grant will be suspended, any subsequent grants already communicated for future years in the subspecialty will be rescinded, and the Recipient's subspecialty program will be ineligible to apply for a grant for one additional funding cycle.

If the program indicates all funds will be used in the Midyear report and then reconciles indicating unused funds of any amount in the Final report, subsequent grants already communicated for future years in the subspecialty will be rescinded. In addition, the Recipient's subspecialty program will be ineligible to apply for a grant for one additional funding cycle.

If the final report shows unused funds or if OMeGA determines that funds have been used for purposes other than those specifically approved in the grant application, the recipient must reimburse OMeGA all unused or improperly used funds within 45 days of the final report due date. If reimbursement is not received within 45 days of the final report due date, subsequent grants already communicated for future years in the subspecialty will be rescinded, and the Recipient's subspecialty program will be ineligible to apply for a grant for one additional funding cycle. The Recipient's subspecialty program will be ineligible to apply in any grant cycle until the reimbursement amount has been received by OMeGA.

It is the Recipient's responsibility to track and ensure check payments have been received and routed to the correct location. Checks that have not cleared OMeGA's bank within six (6) months will not be reissued. Read a sample [Grant Recipient Agreement \(GRA\)](#) for complete report requirements, payment schedule, and penalties.

If you have any questions, please email: [info@omegamedicalgrants.org](mailto:info@omegamedicalgrants.org).

Thank you,  
OMeGA Medical Grants Association