



& Zimmer Biomet Grants & Donations User Manual

for Americas Region



Zimmer Biomet Grants & Donations User Manual

Zimmer Biomet provides educational grant funding to support independent educational conferences that promote scientific knowledge, medical advancement, and the delivery of effective health care. Zimmer Biomet also provides charitable product donations for U.S. charitable surgeries as well as those occurring outside the U.S.

Funding decisions are made by regional or business unit specific teams comprised of Medical Education or the Giving Office in collaboration with Compliance.

Types of Giving

MEDICAL EDUCATION EVENTS

Support for medical education events is generally limited to grants for non-Zimmer Biomet Educational meeting expenses, facility usage, or product support for training events involving Zimmer Biomet products.

PATIENT AND PUBLIC EDUCATION EVENTS

Zimmer Biomet can support patient and public education, but requests cannot be approved for events sponsored by an HCP's private practice or any affiliated organization.

GRAND ROUNDS AND LECTURESHIPS

Grants may be used for reasonable speaker fees, travel and lodging for speakers, and, only occasionally for modest meals for speakers and attendees. Funding may not be used for lodging if the speaker is a staff member at the requesting organization.

USE OF ZIMMER BIOMET INSTITUTE LAB FACILITIES

Grants for the use of Zimmer Biomet lab facilities may be provided to universities, medical schools, dental schools, and accredited training institutions for student/resident/fellow educational and training purposes.

ENDURING EDUCATION MATERIALS

Grants may be used to develop enduring educational materials (i.e. reusable medical education items that are printed, recorded, or electronic/digital). Requests to develop the content of a live event (e.g., webinars) must be received prior to the event. Participants may not be charged for the materials if the grant covers the full cost of preparing these items.

CHARITABLE PRODUCT DONATIONS AND MEDICAL MISSIONS

Zimmer Biomet considers product donation requests for U.S. charitable surgeries as well as medical mission trips occurring outside the U.S. For U.S. charitable surgeries, applications are submitted to AmeriCares to facilitate the donation process. For Medical Mission trip requests, an application along with required documents must be submitted to Zimmer Biomet at least 90 days prior to the date product is needed.

FELLOWSHIP GRANT (CANADA, DENTAL, CMF&THORACIC ONLY)

Zimmer Biomet only provides direct funding for Canada Fellowship programs, Dental fellowship programs, and CMF&T fellowship programs. These requests have a specific application cycle and review process and is independent from other requests.

Zimmer Biomet provides support to third-party non-profit organizations for all other US fellowship programs and those programs must apply through the third-party application process.

ATTENDANCE TO THIRD PARTY EDUCATION CONFERENCES (TPECs) (Latin America Only)

Zimmer Biomet may provide TPEC grants to healthcare organizations with a genuine educational or scientific purpose or function for the purposes of supporting HCP attendance at TPECs. Zimmer Biomet may also provide funds earmarked for the advancement of genuine educational purposes to a Professional Conference Organizer (PCO). All of the provisions governing TPEC grants shall also apply to such funds provided to PCOs. The recipient of the TPEC grant is solely responsible for selection of participants.

Educational Grants & Donations Eligibility

EDUCATIONAL GRANTS

Zimmer Biomet may provide grants to organizations and institutions that have a genuine educational or scientific purpose or function to support educational programs and events on scientific, clinical, or healthcare topics. Zimmer Biomet may place restrictions on a grant, but it may not seek to control or influence the content, faculty, educational materials, or methods of the educational program funded by the grant. Similarly, Zimmer Biomet may not select or instruct the organizational or institutional grant recipient to select specific HCPs or other individuals or organizations to benefit from Zimmer Biomet's grant funding.

ORGANIZATIONS AND INSTITUTIONS THAT MAY RECEIVE EDUCATIONAL GRANTS INCLUDE:

- Educational, scientific, and charitable entities and organizations
- Training Hospitals and academic medical institutions
- International, national, regional and specialty medical associations and societies
- Accredited continuing medical education providers and agents
- Public institutions and organizations, such as regulatory bodies
- Accrediting bodies
- Professional conference organizers acting on behalf of grantees

UNSUPPORTED GRANT REQUESTS

While Zimmer Biomet aims to support genuine educational or scientific programs, there are some requests that cannot be supported, such as, but not limited to:

- Requests from an individual or private practice
- Requests for education that are not within the scope of Zimmer Biomet's treatment solutions
- Requests from an individual who is not in charge of the program or event
- Requests for personal expenses of an HCP

CHARITABLE DONATIONS

Zimmer Biomet provides charitable donations to non-profit organizations. Zimmer Biomet does not make charitable donations to for-profit organizations and individual HCPs and practice groups unless otherwise permitted by established regional or business unit policies and procedures on grants and donations. When considering charitable donations, Zimmer Biomet takes care to ensure the bona fide nature of the charitable organization and/or the charitable mission.

ZIMMER BIOMET PRODUCT DONATION REQUESTS FOR MEDICAL MISSIONS TRIPS

- Requestor is affiliated with a non-profit organization interested in medical missions
- Request is submitted at least 90 days prior to the date the items are needed
- Requestors are qualified medical professionals with the ability to use and prescribe the product requested
- Products requested will only be used for patients who are uninsured and unable to afford the services
- All required authorization for regulatory, import, and export requirements with confirming documentation provided, are obtained by the requesting non-profit
- The hospital in the country where your trip will occur will likely need to assist with obtaining the Ministry of Health (MoH) authorization letter, as they will be more familiar with the local government and contacts
- The MoH authorization letter allows registered and unregistered products into the country for charitable purposes
- Ministry of Health contacts can be found via the World Health Organization website https://www.who.int/medical_devices/countries/en/

Zimmer Biomet Grants & Donations Request Process

Requests are initiated by submitting a written request 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.

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

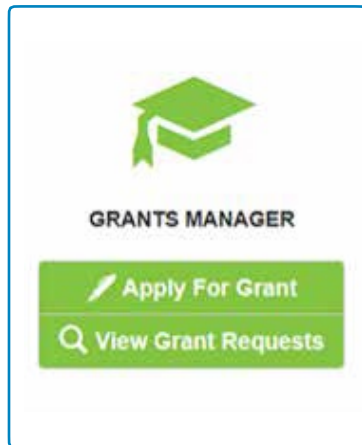
- You only need to register once. If you already have an account, you can skip this step.
- Type in First Name, Last Name, and Email
- Click Register
- An auto-generated email will be sent with a temporary password to the email address used to register

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 where the organization's legal physical address is located:

- Americas (US, Canada, Latin America)
- Asia – Pacific
- Europe, Middle East, & Africa

Select Therapeutic Area: (Select all that apply)

- Biologics
 Bone Cement
 BoneHealing
 CMF&Thoracic
 Sports Medicine
- Extremities
 Hip
 Knee
 Minority Initiatives
 None (if not listed)
- Surgical
 Trauma
 Connected Health
 Dental

Select Grant Type:

- **Educational Grant:** Independent educational conferences or training programs that promote scientific knowledge, medical advancement and the delivery of effective healthcare (includes request for resident education)
- **National Charitable Donation:** Requests from national nonprofit organizations, particularly in the field of musculoskeletal health for purposes such as public education and awareness, independent research efforts or general support of the organization's charitable mission.
- **Local Community Donation:** Requests from nonprofits serving local communities where Zimmer Biomet offices are located
- **Medical Missions:** Product donation requests for medical mission trips must be submitted 90 days prior to the date product is needed. Zimmer Biomet will only ship approved product to a US or Canada shipping address
- **In-Kind Educational Product:** Zimmer Biomet product requests from accredited post graduate training programs to assist with educational efforts
- **TPEC (Latin America ONLY):** Requests for HCP attendance to Third Party Education Conferences

Applying for a Grant *(continued)*

GRANTS SUBMISSION

Region	Americas
Therapeutic Area	Knee
Grant Type	Educational Grant

Educational Grant: Independent educational conferences that promote scientific knowledge, medical advancement and the delivery of effective health care. (includes request for resident education)

Next →

[Click Next](#)

Pre-Selection Criteria	<input type="checkbox"/>
Program / Event	<input type="checkbox"/>
Requestor Info	<input type="checkbox"/>
Educational	<input type="checkbox"/>
Attachments	<input type="checkbox"/>

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	Please Select
Program/Event City	
Program/Event Region	
Target Audiences	
Program/Event Start Date	<input style="width: 90%;" type="text"/> <input style="width: 5%; border: none; background: #ccc;" type="button" value="⌵"/>
Program/Event End Date	<input style="width: 90%;" type="text"/> <input style="width: 5%; border: none; background: #ccc;" type="button" value="⌵"/>
Have you received a prior grant?	Please Select
Have you provided the deliverables upon the completion of the prior Program/Event?	Please Select
# of Attendees	
Currency Requested	Please Select
Amount Requested	
Total Budget	
% Of Total Budget	

Pre-Selection Criteria	<input type="checkbox"/>
Program / Event	<input type="checkbox"/>
Requestor Info	<input type="checkbox"/>
Educational	<input type="checkbox"/>
Attachments	<input type="checkbox"/>

Once all questions are complete, click Next to proceed.

← Previous


Next →

Applying for a Grant *(continued)*

The next tab is **Requestor Info**.

This information should be based off of the Legal Entity's Name & Address. For example, in the United States, you would enter the same information found on IRS Documentation or what is on the W9. This information will be utilized when drafting a grant agreement if the request is approved.

NOTE: Zimmer Biomet will not make agreements with or pay any individuals or private practices.

 **GRANTS SUBMISSION**

Grant ID	<input type="text"/>	Pre-Selection Criteria	<input type="checkbox"/>
Legal Entity Name	<input type="text"/>	Program / Event	<input type="checkbox"/>
Country	Please Select ▾	Requestor Info	<input checked="" type="checkbox"/>
Region	<input type="text"/>	Educational	<input type="checkbox"/>
Address (Street 1)	<input type="text"/>	Attachments	<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 ▾		
Grant Therapeutic Area(s)	Knee ▾		
Grant Type	Educational Grant ▾		

Once all questions are complete, click Next to proceed.

←

Depending on the type of request selected, you will be prompted to either attach supporting documentation or proceed in answering additional questions to assist with the review of your request. For Charitable Donations, you will proceed to attachments page within the portal. Below are the additional needs for other types of grant and donations requests.

Applying for a Grant *(continued)*

Educational Grant:

GRANTS SUBMISSION

Estimated Number of Faculty	<input type="text"/>	Pre-Selection Criteria <input type="checkbox"/>
Faculty Selection Process	<input type="text"/>	Program / Event <input type="checkbox"/>
Other Sources of Funding	<input type="text"/>	Requestor Info <input type="checkbox"/>
Will Continuing Medical Education credits be offered for this Program/Event?	<input type="text" value="Please Select"/>	Educational <input type="checkbox"/>
		Attachments <input type="checkbox"/>

←

Once all questions are complete, click Next to proceed.

- Other Sources of Funding include other grant providers, exhibit fees/purchases, and/or sponsorships.
- If you click “Yes”, continuing medical education credits will be offered for this program/event, you will be asked additional questions pertaining to the accreditation institution you are affiliated with.
- After answering the additional questions, click next and attach supporting documentation.

Medical Missions:

GRANTS SUBMISSION

Shipping Location Name	<input type="text"/>	Pre-Selection Criteria <input type="checkbox"/>
Shipping Contact Person	<input type="text"/>	Program / Event <input type="checkbox"/>
Shipping Phone Number	<input type="text"/>	Requestor Info <input type="checkbox"/>
Email Address	<input type="text"/>	Shipping Info <input type="checkbox"/>
Shipping Address (Street 1)	<input type="text"/>	Medical Mission Details <input type="checkbox"/>
Shipping Address (Street 2)	<input type="text"/>	Attachments <input type="checkbox"/>
Shipping Country	<input type="text" value="Please Select"/>	
Shipping Region	<input type="text"/>	
Shipping City	<input type="text"/>	
Shipping Zip Code	<input type="text"/>	

←

Once all questions are complete, click Next to proceed.


- For Medical Missions, you will be asked to provide shipping information that may differ from the Legal Entity information
- Click Next to Proceed

Applying for a Grant *(continued)*

GRANTS SUBMISSION

Requesting Surgeon (Under whose direction will the product be under)	<input type="text"/>		Pre-Selection Criteria	<input type="checkbox"/>
Product Type(s) Requested	<input type="text"/>		Program / Event	<input type="checkbox"/>
List all other potential companies providing Products for this Program/Event	<input type="text"/>		Requestor Info	<input type="checkbox"/>
Start Date	<input type="text"/>	<input type="button" value=""/>	Shipping Info	<input type="checkbox"/>
End Date	<input type="text"/>	<input type="button" value=""/>	Medical Mission Details	<input type="checkbox"/>
Products Needed By Date	<input type="text"/>	<input type="button" value=""/>	Attachments	<input type="checkbox"/>
Number of Surgeries or Procedures Planned	<input type="text"/>			
Facility Contact Person	<input type="text"/>			
Facility Contact Person's Title	<input type="text"/>			
Facility Phone Number	<input type="text"/>			
Email Address	<input type="text"/>			
Facility Country	<input type="text" value="Please Select"/>	<input type="button" value=""/>		
Facility Region	<input type="text"/>			
Facility Address (Street 1)	<input type="text"/>			
Facility Address (Street 2)	<input type="text"/>			
Facility City	<input type="text"/>			
Facility Zip Code	<input type="text"/>			

Once all questions are complete, click Next to proceed.



- You will be asked additional questions regarding the requesting surgeon, product types, list of potential companies participating and the details of when and where the mission will take place.
- After answering the additional questions, click next and attach supporting documentation.

Applying for a Grant *(continued)*

In-Kind Educational Product:

GRANTS SUBMISSION

Shipping Location Name	<input type="text"/>	Pre-Selection Criteria	<input type="checkbox"/>
Shipping Contact Person	<input type="text"/>	Program / Event	<input type="checkbox"/>
Shipping Phone Number	<input type="text"/>	Requestor Info	<input type="checkbox"/>
Email Address	<input type="text"/>	Shipping Info	<input type="checkbox"/>
Shipping Address (Street 1)	<input type="text"/>	In Kind Educational Product Details	<input type="checkbox"/>
Shipping Address (Street 2)	<input type="text"/>	Attachments	<input type="checkbox"/>
Shipping Country	<input type="text" value="Please Select"/>		
Shipping Region	<input type="text"/>		
Shipping City	<input type="text"/>		
Shipping Zip Code	<input type="text"/>		

← Previous
Next →

Once all questions are complete, click Next to proceed.

- For In-Kind Educational Product, you will be asked to provide shipping information which may differ from the Legal Entity information.

GRANTS SUBMISSION

Requesting Surgeon (Under whose direction will the product be under)	<input type="text"/>	Pre-Selection Criteria	<input type="checkbox"/>
Product Type(s) Requested	<input type="text" value="Please Select"/>	Program / Event	<input type="checkbox"/>
List all other potential companies providing Product for this Program/Event	<input type="text"/>	Requestor Info	<input type="checkbox"/>
Products Needed By Date	<input type="text"/>	Shipping Info	<input type="checkbox"/>
		In Kind Educational Product Details	<input type="checkbox"/>
		Attachments	<input type="checkbox"/>

← Previous
Next →

Once all questions are complete, click Next to

- Next, you will be asked additional questions regarding the requesting surgeon, product types, and list of potential companies participating and when the products are needed by.

Applying for a Grant *(continued)*

TPEC (Latin America ONLY):

GRANTS SUBMISSION

Save Draft Submit Grant

Program/Event Title	<input type="text"/>		Pre-Selection Criteria	<input type="checkbox"/>
Program/Event Description	<input type="text"/>		Program / Event	<input type="checkbox"/>
Program/Event Venue	<input type="text"/>		Requestor Info	<input type="checkbox"/>
Program/Event Country	Please Select ▼		TPEC	<input type="checkbox"/>
Program/Event City	<input type="text"/>		Attachments	<input type="checkbox"/>
Program/Event Region	<input type="text"/>			
Program/Event Start Date	<input type="text"/>	≡		
Program/Event End Date	<input type="text"/>	≡		
Have you received a prior grant?	Please Select ▼			
Have you provided the deliverables upon the completion of the prior Program/Event?	Please Select ▼			
# of Attendees	<input type="text"/>			
Currency Requested	Please Select ▼			
Amount Requested	<input type="text"/>			
Total Budget	<input type="text"/>			
% Of Total Budget	<input type="text"/>			

← Previous Next →

←

Once all questions are complete, click Next to

TPEC (Latin America only):

- Answer the event details based on the country/location the meeting is taking place.
- The # of Attendees should be the number of HCPs you are requesting support to send to the event.
- Amount Requested – funding is intended to help support course registration, travel, and lodging only

Applying for a Grant *(continued)*

Attachments

After the details of the grant or donation 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 (*).

The screenshot shows the 'GRANTS SUBMISSION' form. At the top right, there are buttons for 'Save Draft' and 'Submit Grant'. Below these is a 'Download Budget Sample' button. A blue box contains the text: 'Attachment types identified with an * are required for submission.' The form has three main sections: 'Attachment Type', 'Attachment Description', and 'Attachment Name'. The 'Attachment Type' dropdown menu is open, showing a list of options with checkboxes: 'Grant Usage Report/Deliverables', '*Request Letter on Organization's Letterhead', '*Program budget including anticipated income and expenses (not applicable for Dental University Grants)', 'Mission Statement and Board of Directors/Executive Officers or Bylaws', '*Program Agenda/Brochure/Objectives, Accreditation Documentation (if applicable)', and '*W9 or W8 or applicable documentation (Required for US and Canada)'. To the right of the form, there are several checkboxes for 'Pre-Selection Criteria', 'Program / Event', and 'Requestor Info'. A 'Previous' button is located at the bottom of the dropdown menu.

You can choose multiple selections or just one depending on how your documentation is structured. Below is a description of what Zimmer Biomet is looking for when requesting supporting documentation:

- **Grant Usage Report/Deliverables:** Required reconciliation documents required post event if request is approved
- **Request Letter on Organization's Letterhead:** A description of the purpose of the grant or donation
- **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. A description of the event's or program's revenue sources
- **Mission Statement and Board of Directors/Executive Officers or Bylaws:** Organization's official mission statement and list of Board of Directors/Executive Officers
- **Program Agenda/Brochure/Objectives, Accreditation Documentation:** A breakdown of the event including faculty members, times, topics, and description of the event; Marketing collateral, mission and objectives of the event; Certification of active membership with an accrediting institution.
- **W9 or W8:** Identifying information about the prospective grantee
- **Charitable Registration or Charitable Revenue Agency (i.e. 501c3, T3010):** Proof of non-profit or tax-exempt status
- **Product Listing:** Excel spreadsheet with requested products including product numbers and quantities
- **Ministry of Health Authorization Letter:** For Medical Missions only
 - Trip Information: Please Note – Zimmer Biomet will not provide a donation for trip locations with OFAC Embargos. Locations can be checked at:
 - <https://sanctionssearch.ofac.treas.gov/>
 - <https://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>
 - Ministry of Health Contacts
 - https://www.who.int/medical_devices/countries/en/

After selecting the documentation type and adding description, upload the documentation.

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

Applying for a Grant *(continued)*

Submitting the Request

Once all of the information and attached supporting documentation is uploaded, you can submit the request.

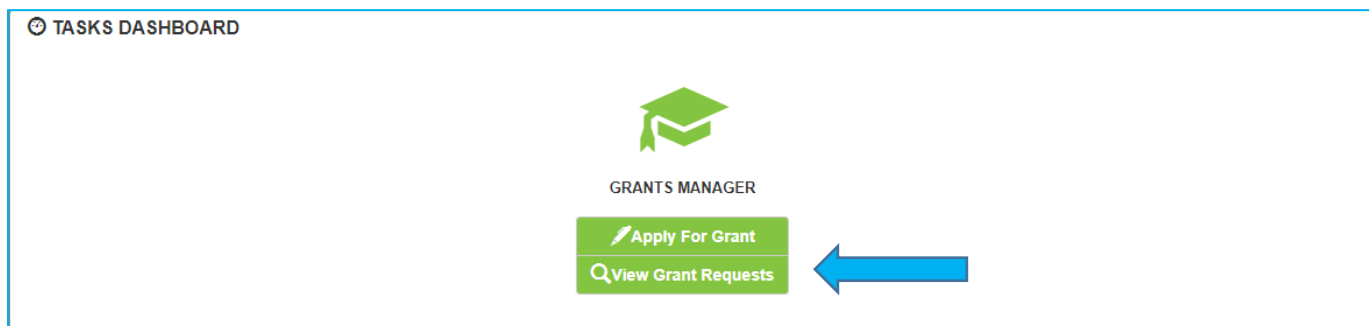


*If you are still working on the request, you can click Save Draft and come back to the request later.

Once the Submit Grant button is clicked, the Zimmer Biomet review process begins. If additional information is needed to evaluate or complete the application, you will be contacted by Zimmer Biomet.

The organization will receive written notification once the application has been reviewed and a funding decision has been made.

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



NOTIFICATION

You will receive a written notification of the request’s funding decision. If the request is approved, a written agreement will be routed for review and authorized signature.

RECEIPT OF PAYMENT/DONATION

Zimmer Biomet is responsible for payment of all approved grants and donations. Product donations must be provided directly to the charitable entity or educational institution with which Zimmer Biomet has executed the approved written donation agreement.

Post Approval Reporting

TRANSPARENCY REPORTING LAWS

- **PHYSICIAN PAYMENTS SUNSHINE ACT**

The Sunshine Law applies to all of the following types of doctors, as long as they hold a current U.S. license to practice: Doctors of Medicine, Doctors of Osteopathy, Dentists, Podiatrists, Optometrists, and Chiropractors. This list is subject to change based on current U.S. laws and regulations.

- **OTHERS**

There are also transparency laws in some other countries/states within Latin America and Canada that require to report transfers of value between medical device companies or their distributors. This support may be subject to reporting to those government agencies

MANUFACTURERS ARE REQUIRED TO REPORT:

- a) Direct payments and transfers of value
- b) Indirect payments and transfers of value
- c) Payments and transfers of value that are made to a third party at the request or on behalf of a physician

What are the nature of Payment Categories that must be used to describe payments and transfers of value?

The Payment/Transfer of Value must be categorized as one of the following:

- Consulting fee
- Compensation for serving as faculty or as a speaker for an accredited or certified CE program
- Compensation for serving as faculty or as a speaker for an unaccredited or certified non-CE program
- Compensation for services other than consulting, including serving as faculty at an event other than a CE program
- Honoraria
- Gift
- Entertainment
- Food and beverage
- Travel and lodging (including specifying the destination)
- Education
- Research
- Charitable contribution
- Royalty or License
- Ownership or investment interest (Current/Prospective)
- Grant
- Space rental or facility fees

Most of what is provided in the Transparency Reports is published annually on a searchable CMS public website (www.cms.gov/openpayments).

If you have any questions or require further information on the application process, please email: Grants.AMER@zimmerbiomet.com