



**7. In the past 12 months, has your organization (including board members and management) or your affiliated organization(s) conducted other business with Novartis Pharmaceuticals Corporation, our headquarters in Basel, or some other Novartis affiliate? If yes, please provide detail.**

Yes    No

**8. Over the next 12 months, will your organization (including board members and management) or your affiliated organization(s) conduct business with Novartis Pharmaceuticals Corporation, our headquarters in Basel, or some other Novartis affiliate? If yes, please provide detail.**

Yes    No

**9. Does your organization (including board members and management) have knowledge of the Novartis marketing/sales plans or strategies for SCD? If yes, please provide more detail.**

Yes    No

**10. Has your organization (including board members and management) had contact with any of the Novartis sales/marketing or medical/clinical team members over the past 12 months? If yes, please provide more detail.**

Yes    No

**11. Are there relationships, conflicts of interest or any additional information of which Novartis should be aware? Please include any information regarding your organization's board members and management. If yes, please provide more detail.**

Yes    No



## Proposed Project Overview

**12. Please check the box that indicates in which area of focus your proposal seeks to address an unmet need or gap.**

Empowering SCD patients to advocate for themselves.

Providing resources, programs or tools that help SCD patients better interact with HCPs and navigate the health care system to receive better and faster care.

Educating HCPs about SCD management and patient needs.

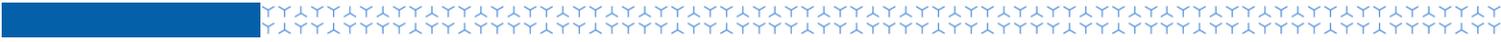
Creating innovative transition programs that teach young people to manage their own care.

Providing empathetic training programs for HCPs and raising awareness of implicit and institutional biases.

**13. Please describe the objective of the proposed program, service or tool.**

**14. Please describe how the proposed program, service or tool will address an unmet need or gap.**

**15. In detail, please describe the proposed program, service or tool (from planning to execution; 1,000-word limit):**



**16. What is the geographic scope of the proposed program, service or tool—where will it be executed?**

**17. What is the desired output or impact of the program, service or tool?**

**18. Please describe the measurement plan for the proposed program, service or tool:**

**19. How will you staff the execution of the program, service or tool? Will you be partnering with other organizations? If so, please list and describe.**

**20. If proposed program, service or tool does require working with partners, has your organization worked with these partners before? If yes, please briefly describe.**

**21. What amount of funding are you applying for (up to \$50,000) to execute the proposal? If the proposal will not be fully funded by Novartis, please describe how you will fund the remaining amount.**

**Please attach:**

Project timeline

Detailed budget

IRS determination letter [verification of 501(c)(3) status]

W9 form

Organizational (and partner) statements of commitment/letter of intent

**Please submit completed submission form and documentation to [STEP.Program@Novartis.com](mailto:STEP.Program@Novartis.com) by December 21, 2018.**