

Request for Proposals for a Health Equity Fellowship

EMD Serono's 2025 "I'M IN" Oncodisparity Fellowship

Advancing Health Equity in Healthcare:
Reducing Disparities in Cancer Care for Patients with
Advanced Urothelial Carcinoma

- Deadline to submit a Proposal is **Tuesday, October 15, 2024, midnight (EST)**
- Proposals must be submitted at www.grants.emdserono.com



Synopsis:

A first-of-its-kind initiative, the **EMD Serono I'M IN Health Equity Fellowship for Oncodisparity** was launched in 2023 to help identify strategies to reduced **disparities in cancer care for oncology patients**, thereby advancing health equity.

In its inaugural year, EMD Serono focused on patients with Head and Neck Cancer (HNC) and awarded funding to the University of Pittsburgh Medical Center (UPMC), University of Pittsburgh, to fund two fellows, each focusing on a different research project.

- One fellow is addressing healthcare disparities in patients with HNC in Western and Central Pennsylvania by examining social-economic factors related to oral cavity cancer risk and barriers to oral health in rural and minority populations service by the UPMC Hillman Cancer Center Network. She will be designing and implementing targeted interventions to improve oral health in at-risk patients, which will help to mitigate disparities of care.
- Another fellow is addressing disparities in HNC clinical trial access in Western and Central Pennsylvania by identifying and designing strategies to overcome barriers to HNC clinical trial accrual in rural and minority populations served by the UPMC Hillman Cancer Center Radiation Oncology Network.

With the Health Equity Fellowship for Oncodisparity in its second year, EMD Serono is expanding its scope to Advanced Urothelial Carcinoma (this RFP) and non-small cell lung cancer (a separate RFP).

In this RFP, EMD Serono is seeking proposals from eligible organizations (see below) interested in establishing a unique, first-of-its-kind fellowship program that is **dedicated to reducing disparities in cancer care for patients with Advanced Urothelial Carcinoma**, thereby advancing health equity in healthcare.

Note: EMD Serono is *not* seeking to establish a fellowship training program within our company, nor are we seeking applications from residents or fellows looking for fellowship opportunities. Instead, EMD Serono aims to provide funding to a qualified third-party (academic medical center, medical society, etc.) that will, in turn, establish a health equity fellowship at its own institution to address oncodisparity for up to two fellows.



1. Our Commitment

At EMD Serono, we're deeply committed to expanding healthcare knowledge and advancing patient care. Our corporate vision is to transform lives by developing meaningful therapies for difficult-to-treat diseases, especially in the area of oncology.

Closely aligned with that vision is our commitment to corporate responsibility, which includes addressing health equity in our communities, medical schools, research labs, medical practices, clinical trials, and classrooms. Our financial giving reflects this vision and commitment.

We prioritize our financial support for activities that increase healthcare knowledge and advance patient care, while also advancing health equity in the practice of medicine, treatment of patients, and training of healthcare providers (HCPs).

2. Purpose and Scope of this Request for Fellowship Proposals

The *EMD Serono Office of Grants and Giving* is seeking fellowship proposals for consideration that address the following needs:

Advancing Health Equity in Healthcare: Reducing Disparities in Cancer Care for Patients with Advanced Urothelial Carcinoma

a. Background Information

According to the American Society of Clinical Oncology (ASCO):

"Decades of investment and advancement in cancer research have led to the development of sophisticated screening and treatment methods, which have contributed to vast improvements in rates of survival. Yet there exists a profound divide in our nation—a divide between those with access to the improved results of our research efforts and those without."¹

Historically, bladder cancer has been primarily a disease of White males 55 and over.² "However, disparities [exist] in evaluation, management, and mortality in patient

¹ Goss, Elizabeth, et al. "American Society of Clinical Oncology Policy Statement: Disparities in Cancer Care." *Journal of Clinical Oncology*, vol. 27, no. 17, 10 June 2009, pp. 2881–2885, <https://doi.org/10.1200/jco.2008.21.1680>. Accessed 3 Aug. 2023.

² ASSOCIATION OF COMMUNITY CANCER CENTERS UNDERSTANDING AND MITIGATING DISPARITIES IN BLADDER CANCER CARE. (n.d.). Retrieved September 20, 2024, from https://www.accc-cancer.org/docs/projects/bladder-cancer/understanding-and-mitigating-disparities-in-bladder-cancer-care.pdf?sfvrsn=a2630102_2&



populations where bladder cancer is less common”.³ Compared to White males, certain underserved populations, such as Black, Asian, Hispanic and North American Native patients, are diagnosed later, have a longer time to initial treatment, and have poorer outcomes.⁴ Numerous factors have been identified as contributing to disparities in diagnosis, treatment, and outcomes for these underserved populations.⁵

As ASCO’s Health Equity Committee observed recently in its *Policy Statement* on the state of cancer disparities in the US, “much work remains to be done, by all cancer stakeholders at the systems level, to overcome historical momentum and existing social structures responsible for disparate cancer outcomes.”⁶ To achieve cancer health equity, “significant long-term investment, ongoing efforts, strategic initiatives, and strengthened and new collaborations among stakeholders and organizations such as ASCO, cancer stakeholders, policy makers (local, state, and federal), and broader society are required.”⁷

ASCO has advocated for new collaborations via a multi-pronged approach which involves: (1) enhancing awareness of disparities, (2) improving access to care, and (3) supporting research on health disparities.⁸

Implicit in ASCO’s various policy statements and publications is the hope that its recommendations spur the development of concrete plans by stakeholders and serve as a catalyst for concerted, sustained, and far-reaching efforts to combat disparity in cancer care.

³ Id.; see also Hoffman-Censits, J., Kanesvaran, R., Bangs, R., Fashoyin-Aje, L., & Weinstock, C. (2021). Breaking Barriers: Addressing Issues of Inequality in Trial Enrollment and Clinical Outcomes for Patients With Kidney and Bladder Cancer. *American Society of Clinical Oncology Educational Book*, 41, e174–e181. https://doi.org/10.1200/edbk_320273

⁴ Id.

⁵ *Achieving Health Equity in Bladder Cancer Care*. (2024). /. <https://www.accc-cancer.org/acccbuzz/blog-post-template/accc-buzz/2022/05/26/achieving-health-equity-in-bladder-cancer-care>; see also Das H, Rodriguez R. Health care disparities in urologic oncology: a systematic review. *Urology*. 2020;136:9-18. doi: 10.1016/j.urology.2019.09.058; Lin CC, Bruinooge SS, Kirkwood MK, et al. Association between geographic access to cancer care, insurance, and receipt of chemotherapy: Geographic distribution of oncologists and travel distance. *J Clin Oncol*. 2015;22(28):3177-3185. doi: 10.1200/JCO.2015.61; Liu S, Yang T, Na R, et al. The impact of female gender on bladder cancer-specific death risk after radical cystectomy: a meta-analysis of 27,912 patients. *Int Urol Nephrol*. 2015;47(6):951-958. doi: 10.1007/s11255-015-0980-6; Washington III SL, Neuhaus J, Meng MV, et al. Social determinants of appropriate treatment for muscle-invasive bladder cancer. *Cancer Epidemiol Biomarkers Prev*. 2019;28(8):1339-1344. doi: 10.1158/1055-9965.EPI-18-1280.

⁶ Patel, Manali I., et al. “Cancer Disparities and Health Equity: A Policy Statement from the American Society of Clinical Oncology.” *Journal of Clinical Oncology*, vol. 38, no. 29, 10 Oct. 2020, pp. 3439–3448, <https://doi.org/10.1200/jco.20.00642>. Accessed 19 Nov. 2020.

⁷ Manali, et al.

⁸ American Society of Clinical Oncology. “ASCO Unveils New Equity, Diversity, and Inclusion Action Plan.” *ASCO*, 14 Dec. 2021, old-prod.asco.org/news-initiatives/policy-news-analysis/asco-unveils-new-equity-diversity-and-inclusion-action-plan. Accessed 4 Aug. 2023.



b. EMD Serono’s Initiatives to Enhance Health Equity in Healthcare

- **Health Equity in our Clinical Trials**

In connection with our “*As One For Patients*” and “*I’M IN*” initiatives, EMD Serono has firmly committed to improving diversity in its clinical trials and drug development process. In our mission to transform the lives of patients with difficult-to-treat diseases, we understand that our treatments need to meet the needs of a diverse patient population, which means we need to *include* a diverse patient population in our clinical trials, as well as throughout the drug development lifecycle. We also recognize the importance of including diverse healthcare providers in those trials and encouraging the healthcare ecosystem to support those providers. We are committed to continuously challenging the status quo and strive to be at the forefront of enhancing the diversity of our clinical trial populations by including certain historically underrepresented groups. Enhancing diversity in the patient population of our clinical trials, as well as the investigators conducting our research, are important and meaningful steps towards reducing disparities in healthcare.

- **“I’M IN” Health Equity Fellowship Initiatives**

As another step in our commitment to reduce disparities in healthcare, in 2021 EMD Serono answered the call of another national medical association, the American Association of Neurologists (AAN), which called on members to elevate the emphasis on neurodisparity and develop “concrete plans” for promoting research and education to mitigate, and one day eliminate, disparities in neurologic care. EMD Serono established the first-ever Neurodisparity Fellowship initiative in the US. Currently in its fourth year, the scope and impact of our “***I’M IN Neurodisparity Fellowship***” has expanded by four-fold since its creation.

In addition, EMD Serono answered the call of the American Society for Reproductive Medicine (ASRM) and funded the first-ever, nationwide Reproductive Endocrinology and Infertility (REI) Diversity Fellowship initiative. This “***I’M IN REI Fellowship***,” now in its third year, focuses on providing robust mentoring for physicians of color specializing in reproductive endocrinology, which is helping to groom the next generation of leaders in REI to ensure a more equitable future for patients.

Last year, EMD Serono expanded its fellowship initiatives and launched its first-ever ***Oncodisparity Fellowship***, focusing on HNC. That “***I’M IN Oncodisparity Fellowship***” made fellowship funding available to support institutions in their pursuit of grooming the next generation of leaders to combat oncodisparity and ensure a more



equitable future for patients with HNC. This year EMD Serono is expanding its I'M IN Oncodisparity fellowships to include advanced bladder cancer (this RFP) and non-small cell lung cancer (a separate RFP).

Reflecting on ASCO's recommendations and proposed strategies, EMD Serono seeks to develop oncodisparity-focused leaders by helping to create opportunities through fellowship funding to implement one or more of ASCO's proposed strategies. The specific disease focus for the fellowship is advanced bladder cancer, a disease with historically underserved patient populations.

c. Scope of Request for Fellowship Proposals

EMD Serono is seeking proposals from eligible organizations (see below) interested in establishing a unique, first-of-its-kind fellowship program that is ***dedicated to reducing disparities in oncological care for patients with advanced bladder cancer***, thereby advancing health equity.

- **Therapeutic Area:** Oncology
- **Disease State:** Bladder Cancer
- **Eligible Organizations:** Per EMD Serono's fellowship policy, only the following types of organizations may submit a fellowship Proposal in response to this RFP:
 1. **Medical societies** (e.g., ASCO, AACR, SITC, etc.)
 2. **Academic medical centers and clinical centers**
 3. **Universities**
 4. **Other Scientific Organizations**
 5. **NIH** – US National Institutes of Health and similar federal/state agencies
- **Ineligible Organizations and People:** Proposals will not be accepted from individual HCPs, fellows, residents, physician group practices, physician owned clinics, managed care organizations, or pharmacy benefit managers.
- **Nature of the Fellowship:**
 - We are open to consider creative fellowship proposals that are thoughtfully designed and ***dedicated to reducing disparities in oncological care for patients with advanced bladder cancer*** in meaningful, concrete ways.



- We are interested in supporting fellowship proposals at institutions seeking to increase the number of Black, Indigenous, LatinX, and People of Color physicians that they train in order to **change the face of medicine in oncology care** to better reflect and serve our diverse nation, and will train tomorrow's diverse health care leaders to have the knowledge, skills, cultural competency, and commitment to achieve health equity.
- While we do not wish to be prescriptive, the fellowship program should be designed to go beyond the purely descriptive task of identifying the problem of oncodisparity (which has been described in detail in the sources referenced in this RFP).
 1. The fellowship program should focus on **potential action items and strategies**, such as those described in ASCO's various policy statements and by other organizations such as the US Department of Veterans Affairs' Center for Health Equity Research and Promotion which has launched successfully numerous Health Equity projects for veterans.
 2. The action items and strategies should **specifically address disparities in oncologic care in the disease area of advanced bladder care** and address barriers leading to inequality of cancer care that exist in institutions and within society at large.
 3. As a reminder, ASCO proposed strategies in three specific areas: enhancing awareness of disparities, improving access to care, and supporting research on health disparities.
- **Preference** will be given to proposals which seek to **implement strategies or interventions to address, mitigate, or eliminate** one of more of these areas:
 1. **Awareness** – Raising awareness within the medical (individual HCP, team and hospital administrative level) and advanced bladder cancer patient communities that racial, ethnic, and socioeconomic disparities in bladder cancer care exist and impact



2. **Access to care** – access to care is a targetable area of research and interventions to lessen health care disparities in advanced bladder cancer and includes delays in diagnosis leading to higher stages at presentation and prolonged time intervals to treatment. Access also includes addressing community and societal factors which impact access to care for advanced bladder cancer and engaging stakeholders in developing culturally appropriate solutions.
 3. **Outcomes** – disparities in both access to care and timely cancer care are major drivers for poor outcomes in advanced bladder cancer. Identifying points of intervention at the patient/community level, as well as the individual, team and hospital administrative levels, is key to yielding significant improvement in advanced bladder cancer outcomes.
- **The “Ripple Effect”**: “Just as ripples spread out when a single pebble is dropped into water, the actions of individuals can have far-reaching effects.”⁹ Please include ideas about how to **maximize the impact** of the work of the fellows participating in the program. In other words, we are not looking for a fellowship program to educate or impact one or two fellows specializing in bladder cancer. We seek to support a program that strives to **create a ripple effect** that has a much greater impact on the institution where the fellow is being trained and, importantly, which can be replicated by other institutions and practices in the country. Publications, presentations, and enduring materials may enhance the ripple effect. Shoot high for far-reaching effects.
 - At the same time, be realistic about what your fellows can reasonably accomplish in the span of one year. The Fellowship work should finish by **July 1, 2026.**
 - Fellows are expected to present the outcomes from their fellowships at scientific or medical congresses or educational conferences.
 - Finally, please consider **how to measure the success** and outcomes of your fellowship program.

⁹ Dalai Lama



- **Amplifying Your Fellow's Work**

- As stated above, we want to create a ripple effect in the oncology community by having other institutions around the country learn about your Fellow's DEI work and potentially replicate it at their own institutions. The first step towards that goal involves raising awareness of your Fellow and their oncodisparity work.
 1. With our other "I'M IN" Health Equity Fellowships, we presented the fellowship awards at a special "I'M IN" event at a national congress or other event. We also issued press releases, posted on social media, and highlighted Fellows' research work on congress booth panels. We have provided Fellows with speaking opportunities at national and international events where their research work was highlighted, and they've had the opportunity to explain to national and international KOLs how to replicate their disparity work at their own institutions.
 2. We are planning similar amplification efforts for our "I'M IN Oncodisparity Fellowship," with the goal of encouraging replication in the oncology community across the country.
 3. When deciding whether to respond to this RFP, please consider if your institution is comfortable with these types of amplification efforts.

- **Budget:** Proposals should not exceed \$75,000 USD. This amount may be dedicated to one fellow or split between two fellows. Preference will be given to proposals which fund more than one fellow.

- Fellowships funds may be used to pay salaries of Fellows and HCPs directly involved in the fellowship (e.g., delivering unconscious bias training with the fellow to other HCPs) for their work directly within the scope of their fellowship and other direct expenses (such as institutional overhead, etc.).
- If the fellowship includes any clinical work involving both billable services and research or teaching, EMD Serono's funding shall be made conditional on funding only the activities devoted to non-billable teaching



or research. Fellowships funds shall not be used to pay for salary or any portion of a position that bills for services.

- When Fellows present the outcomes from their fellowships at scientific or educational conferences, fellowship funds may be used to cover the reasonable costs of travel, lodging, and registration at the conferences or professional meetings.
- Furthermore, consistent with the PhRMA Code, fellowship funds may be used to cover the reasonable costs of travel, lodging and registration for Fellows to attend major educational, scientific, or policymaking meetings of national, regional or specialty medical associations that directly relate to their work on the fellowship.

- **Selection of Fellows – Independence**

- Fellows must be selected independently by the institution submitting a Proposal to establish its fellowship program, or if designated by that institution, the institution at which the fellows will be trained or by another independent selection organization.
- EMD Serono shall not be involved in the review of fellowship applications or the selection of fellows.
 1. If your institution's fellowship selection process has already closed (i.e., you have already selected one or more fellows for the particular Fellowship program for which you are requesting funding), then you may disclose in your Proposal the Fellows' names, CVs, biographies, and their specific research or activities to be undertaken. This may provide important factual information to inform EMD Serono's evaluation of the nature, scope, and quality of the fellowship work to be undertaken by the institution, as well as the qualifications of the institution's personnel performing such work.
 2. If your institution's fellowship selection process has not already closed and Fellows have not yet been selected, please do not disclose in your Proposal the Fellows' names, CVs, or biographies. The proposed research to be undertaken may be disclosed, as it



provides important factual information to inform EMD Serono's evaluation of the nature and scope of the Proposal.

- EMD Serono may be involved in an awards ceremony at which the fellowships are announced.
- If NIH or another similar federal or state agency is the organization submitting a Proposal, fellows must be intramural physicians at those agencies.

- **Reconciliation of Funding**

At the end of your fellowship program (typically in the summer of 2025), you will need to provide a reconciliation of funds, which certifies fellowship funds have been used for their intended purpose and no funds remain unused. The reconciliation is completed in EMD Serono's *Request Management System*, and you will be sent a reminder when it is time to log in and complete your reconciliation.

- d. How to Respond to this Request for Proposals**

Please see the **Fellowship Proposal Checklist** at the end of this RFP for guidance on preparing your Proposal.

Proposals must be submitted through EMD Serono's *Request Management System* at www.grants.emdserono.com.

Important: In the "Program Title" field on your Proposal in the *Request Management System*, type in "**RFP: 2025 I'M IN Oncodisparity Fellowship for Bladder Cancer.**" This must be the title of your Proposal to be considered for this fellowship funding.

- e. Deadline for Submission of Proposals**

The deadline for submitting a Proposal in response to this Request for Proposals is midnight (EST) on **Tuesday, October 15, 2024**.

- f. Expected Date Decision**

EMD Serono's Grant Review Committee expects to decide on all Proposals within one week of the submission deadline, on or about October 22, 2024.



This year, organizations receiving our Fellowship funding must sign our standard Fellowship Agreement by **Friday, November 1, 2024** (copy available in advance on request). If your organization is not able to meet this deadline, please reconsider whether you should apply for funding this year. A longer time period for this step is being planned for next year.

If you have any questions about this Request for Proposals, please contact Gretchen Terry-Leonard, US Medical Affairs, at Gretchen.terry-leonard@emdserono.com or (949) 375-2316.

If you have any questions about how to use the EMD Serono *Request Management System*, please contact Claudia White, our Request Coordinator, at fundingrequests@emdserono.com or (212) 589-3507.

g. Other Terms, Conditions and Disclaimers

1. The purpose of this Request for Proposals is to make eligible organizations aware that EMD Serono is interested in receiving proposals for a fellowship program. It is not an offer to contract or a commitment to provide funding.
2. A decision on all proposals will be made by EMD Serono Grant Review Committee.
3. All organizations must bear their own costs associated with responding to this Request for Proposals and submitting a Proposal.
4. EMD Serono reserves the right to amend or terminate this Request for Proposals at any time and for any reason. EMD Serono reserves the right to not approve any of the Proposals.
5. EMD Serono reserves the right to verify all information provided by an organization in its Proposal.
6. If approved, the organization shall be required to disclose that financial support was received from EMD Serono in announcements, invitations, brochures, and other written communications related to the fellowship.
7. Approval shall be conditioned on the organization's consent to public disclosure on EMD Serono's website, if required by law. The website disclosure will include the organization's name, a brief description of the activity for which funding was



provided, and the amount of funding. The website disclosure will be updated quarterly.

h. EMD Serono's Compliance Commitment

EMD Serono is committed to the independence of medical education for HCPs, including fellowships. When providing financial support, EMD Serono will not do so as a reward or in exchange for prescribing or purchasing EMD Serono products or to induce the prescription or purchase of EMD Serono products in the future. Funding recipients are not expected or obliged to prescribe, purchase, or recommend an EMD Serono product.



Fellowship Proposal Checklist ¹⁰

How to Use This Checklist

You will enter information about your Proposal in EMD Serono's *Request Management System* at www.grants.emdserono.com.

- See the PowerPoint slide deck called "**How to Submit Your Proposal Using EMD Serono's Request Management System**" for instructions on how to use this portal (included with RFP and available on the grants website).

You will need to prepare two documents to upload into the portal:

- **Letter of Request** – This should be on institutional letterhead and from the person responsible for your Fellowship Program. The letter may be brief – just a few sentences long, as detailed information about your Proposal will appear in the following document.
- **Detailed Information about Fellowship Program** – This Checklist explains how to prepare the "Detailed Information" document you must upload.

Both documents will be uploaded on the "**Documents Uploads**" tab in the portal. See PowerPoint slide deck, slide 23.

How you organize your "Detailed Information" document is up to you, however, please consider adding **bold headers**, an outlining or numbering system, or both, and use them consistently throughout.

Title Page of Document should include:

- Title of Proposal: "RFP: 2025 I'M IN EMD Serono Oncodisparity Fellowship: Bladder Cancer"
- Name of Your Organization

¹⁰ This Fellowship Proposal Checklist was developed using NIH's "Write Your Research Plan" at <https://www.niaid.nih.gov/grants-contracts/write-research-plan#A7>.



- Name of Person submitting the Proposal, including department affiliation
- Contact information for that person, including mailing address, direct dial phone number and email – this will be used to contact you for any follow-up information or clarifying questions that need to be answered to consider your Proposal.
- Total amount of funding requested
- Number of Fellows to be supported with funding
- Abstract** (one page maximum)
 - Scientific Abstract** (500 words) describing the Proposal, including the potential immediate impact of the Fellow’s work and potential ripple effect (see pp. 7-8 in RFP)
 - Lay-Person Abstract** (200 words) describing the project in general terms
- Narrative**

Use at least half the page to provide the rationale and significance of the Fellowship’s research or activities. A good way to start is with a sentence that states the Fellowship’s goals. For the rest of the narrative, describe the significance of the research or activities and give your rational for choosing that particular research or those activities.
- Specific Aims** of the research or activities in the Proposal (1 page maximum)

This should be a one-page statement of your objectives for the Proposal. Note the significance of your Proposal and then list 2 to 3 concrete objectives which are your aims. Enter your aims as bold bullets points. State your plans using strong verbs like *identify*, *define*, *quantify*, *establish*, *determine*. Describe each aim in one to three sentences. Consider adding bullets under each aim to refine your objectives.
- Fellowship Strategy** (4 pages maximum)



This is the nuts and bolts of your Proposal and describes the rationale for the Fellowship and the work the Fellows will do to achieve each aim. These main sections should be used:

1. **Significance** – We want to understand how your Fellow’s work will move forward the health equity goals set out in your Proposal. Make a case for the importance of your Fellow’s research/activities and how that work will address barriers leading to inequality of oncology care that exist in institutions and within society at large.
2. **Approach** – The Proposal should be designed to go beyond the purely descriptive task of identifying the problem of oncodisparity (which has been described by ASCO’s Task Force report). It should focus on **potential action items and strategies**, which aims to test interventions that alleviate health disparities.
3. **Ripple Effect** - Please include ideas about how to **maximize the impact** of the work of the fellows participating in the program. In other words, we are not looking for a fellowship program to educate or impact one or two fellows; we seek to support a program that strives to **create a ripple effect** that has a much greater impact on the institution where the fellow is being trained and, importantly, which can be replicated by other institutions and practices in the country. **Publications, presentations at your institution and conferences, and enduring materials** may enhance the ripple effect. “Just as ripples spread out when a single pebble is dropped into water, the actions of individuals can have far-reaching effects.”¹¹ Shoot high for far-reaching effects. We expect Fellows to strive to present the outcomes from their fellowships at scientific or educational conferences.
4. **Timeline for Fellowship start up, implementation and completion** – We want to determine if the Fellow will be able to get the work done within the project timeline or if the proposed work is over ambitious. The Fellowship work

¹¹ Dalai Lama



should finish by **July 1, 2026**.

Biosketch

Applicant's Biosketch – The applicant (i.e., the person submitting this Proposal or overseeing the Fellowship) should include a biosketch which includes a description of the applicant's role in the proposed Fellowship project and should not exceed 5 pages.

Fellow's Biosketch – If your organization's fellowship selection process has already closed (i.e., you have already selected one or more fellows for your Fellowship program), then you may include a biosketch of him, her, or them. However, if you have not already selected your fellow(s), then please do not include a biosketch of him, her, or them.

Budget – maximum of \$75,000

A detailed budget and budget justification for the Fellowship.

Direct expenses - Fellowships funds may be used to pay salaries of Fellows and HCPs directly involved in the fellowship (e.g., delivering unconscious bias training with the fellow to other HCPs) for their work directly within the scope of their fellowship and other direct expenses (such as institutional overhead, etc.).

For compliance reasons, if the fellowship includes any clinical work involving both billable services and research or teaching, funds may not be used to pay for salary or any portion of a position that bills for services.

Funds may be used to cover the costs of travel, lodging, and registration at the conferences or professional meetings where Fellows present the outcomes from their fellowship work.

Funds may be used to cover the costs of travel, lodging and registration for Fellows to attend major educational, scientific, or policymaking meetings of national, regional or specialty medical associations that directly relate to their work on the fellowship.



Formatting

- Documents may be typed in any font in 11 or 12-point with 1 inch margins and page numbers.
- The entire “Details About the Fellowship” document must be submitted as ONE PDF FILE which is uploaded** on the “**Documents Uploads**” tab of EMD Serono’s *Request Management System* at www.grants.emdserono.com. Please do not create separate documents for your aims, budget, biosketches, etc.

Deadline for submission: Tuesday, October 15, 2024, midnight (EST)

