

Request for Proposals for a Fellowship

EMD Serono's 2024 "I'M IN" Oncodisparity Fellowship

Advancing Diversity, Equity, and Inclusion in Healthcare:
Reducing Disparities in Cancer Care for Patients with Head and Neck Cancer

- Deadline for submitting a Proposal is midnight (EST) **September 30, 2023**
- Proposals must be submitted at www.grants.emdserono.com



Synopsis:

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 head and neck cancer (HNC)***, thereby advancing diversity, equity, and inclusion (DE&I) in healthcare.

Note: EMD Serono is *not* seeking to establish a fellowship program itself. Nor is the Company seeking applications from residents or fellows looking for fellowship opportunities. Rather, EMD Serono is seeking to provide funding to a qualified third-party (academic medical center, medical society, etc.) who will in turn establish an oncology fellowship 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 DE&I 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 DE&I 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 DEI in Healthcare: Reducing Disparities in Cancer Care for Patients with HNC

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

The American Association for Cancer Research, the Society for Immunotherapy of Cancer, the National Cancer Institute, and the federal Agency for Healthcare Research and Quality have all observed that while cancer affects all population groups in the US, “due to social, environmental, and economic disadvantages, certain groups bear a disproportionate burden of cancer compared with other groups.”² Over time, the oncology community’s understanding of the populations experiencing this burden has “expanded to include the intersections of race/ethnicity, geography, sexual orientation and gender identity, sociodemographic factors, and others.”³

In the area of Head and Neck Cancer (HNC), the oncology community has “long recognized that HNC is a disease with marked racial/ethnic disparities in outcomes.”⁴ According to researchers, the COVID-19 pandemic has amplified these preexisting disparities.⁵

While extensive research on race/ethnicity disparities in HNC treatment and outcomes has been undertaken (see Nallani, et al. examining 148 such articles),⁶ limited progress has been made to effectively reduce gaps in quality and access for patients with HNC.

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 National Cancer Institute. “Cancer Disparities.” *National Cancer Institute*, Cancer.gov, 2019, www.cancer.gov/about-cancer/understanding/disparities; American Association for Cancer Research. “AACR Cancer Disparities Progress Report 2020.” *Cancer Progress Report*, 2022, cancerprogressreport.aacr.org/disparities/;

³ 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.

⁴ Graboyes, Evan, et al. “COVID -19 Pandemic and Health Care Disparities in Head and Neck Cancer: Scanning the Horizon.” *Head & Neck*, vol. 42, no. 7, 20 June 2020, pp. 1555–1559, <https://doi.org/10.1002/hed.26345>. Accessed 29 Jul 2023; see also Molina MA, Cheung MC, Perez EA, et al. African American and poor patients have a dramatically worse prognosis for head and neck cancer: an examination of 20,915 patients. *Cancer*. 2008;113:2797-2806.

⁵ Graboyes, et al.

⁶ Nallani R, Subramanian TL, Ferguson-Square KM, Smith JB, White J, Chiu AG, Francis CL, Sykes KJ. A Systematic Review of Head and Neck Cancer Health Disparities: A Call for Innovative



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.”⁷ 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.”⁸

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.⁹

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.

b. EMD Serono’s Initiatives to Enhance DE&I in Healthcare

- **DE&I in our Clinical Trials**

In connection with our “*As One For Patients*” and “*I’M IN*” initiatives, EMD Serono has firmly committed to improving DE&I 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

Research. *Otolaryngol Head Neck Surg.* 2022 Jun;166(6):1238-1248. doi: 10.1177/01945998221077197. Epub 2022 Feb 8. PMID: 35133913; see also Molina, et al.

⁷ 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.

⁸ Manali, et al.

⁹ 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.



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” DE&I 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 third year, the scope and impact of our **“I’M IN Neurodisparity Fellowship”** has expanded by three-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 second 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.

This year, EMD Serono expands its fellowship initiatives and launches its first-ever **HNC Oncodisparity Fellowship**. This **“I’M IN Oncodisparity Fellowship”** makes 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.

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 HNC, a disease with marked racial/ethnic disparities in outcomes.

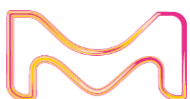
c. Scope of Request for Fellowship Proposals

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**



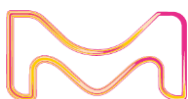
reducing disparities in oncological care for patients with HNC, thereby advancing DE&I in healthcare.

- **Therapeutic Area:** Oncology
- **Disease State:** Head and Neck 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. **Patient advocacy organizations** – defined as formally organized nonprofit groups that (i) concern themselves with medical conditions or potential medical conditions and (ii) have a mission and take action that seek to help people affected by those medical conditions or to help their families and caregivers
 6. **NIH** -- The U.S. National Institutes of Health and similar federal or 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 HNC** in meaningful, concrete ways.
 - We are interested in supporting fellowship proposals at organizations seeking to increase the number of Black, Indigenous, LatinX, People of Color physicians 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 HNC** 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 HMC patient communities that racial, ethnic, and socioeconomic disparities in HNC care exist.
 2. **Access to care** – “access to care is a targetable area of research and interventions to lessen health care disparities in head and neck cancer” and “includes delays in diagnosis leading to higher stages at presentation and prolonged time intervals to treatment.”¹⁰ Access also includes addressing community and

¹⁰ Thomas, Giovana R. “Racial Disparity in Head and Neck Cancer.” *Cancer*, 2 Apr. 2021, <https://doi.org/10.1002/cncr.33555>. Accessed 6 Apr. 2021.



societal factors which impact access to care for HNC and engaging stakeholders in developing culturally appropriate solutions.¹¹

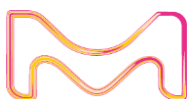
3. **Outcomes** – “disparities in both access to care and timely cancer care are major drivers for poor outcomes” in HNC.¹² “[A]ccess and receipt of timely treatment across the cancer care continuum is critical to optimal [HNC] outcomes.”¹³ Identifying points of intervention at the patient/community level, as well as the individual, team and hospital administrative levels, is key to yielding significant improvement in HNC 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.”¹⁴ 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 HNC. 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, 2025.**
 - Finally, please consider **how to measure the success** and outcomes of your fellowship program.
- **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

¹¹ Graboyes, et al.

¹² Graboyes, et al.

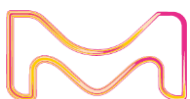
¹³ Graboyes, et al.

¹⁴ Dalai Lama



institutions. The first step towards that goal involves raising awareness of your Fellow and their oncodisparity work.

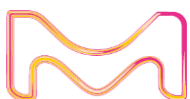
1. With our other "I'M IN" Fellowships, we presented the fellowship awards at a special "I'M IN" event at a national congress. We also issued press releases, posted on social media, and highlighted Fellows' research work on congress booth panels. We have provided Fellows with speaking opportunities at 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 \$150,000 USD.
 - 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 organization submitting a Proposal to establish a fellowship program, or if designated by the organization, the institution at which the fellows are being 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** attached the end of this RFP for guidance on preparing your Proposal.

Requests 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: 2024 I'M IN Oncodisparity Fellowship**." This must be the title of your proposal.

e. Deadline for Submission of Proposals

The deadline for submitting a Proposal in response to this Request for Proposals is midnight (EST) on **Saturday, September 30, 2023**.



f. Expected Date Decision

EMD Serono's Grant Review Committee expects to decide on all Proposals within three to four weeks of the submission deadline.

If you have any questions about this Request for Proposals, please contact Leigh-Ann Durant, Head of North America Medical Governance, at (781) 492-7398 or leigh-ann.durant@emdserono.com.

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

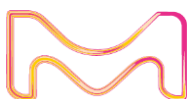
g. Other Terms, Conditions and Disclaimers

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 Checklist¹

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 the 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 will upload.

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

Though how you organize your Detailed Information document is up to you, 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: 2024 I'M IN Oncodisparity Fellowship"
- Name of Your Organization
- 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

¹ 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>.



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. 6-7 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 rationale for choosing that particular research or those activities.

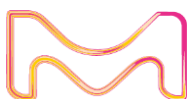
Specific Aims of the research or activities in the Proposal (1 page maximum)

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 bullet 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 if and how your Fellow's work will move forward the diversity, equity or inclusion 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 MS 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 in detail in the sources referenced in this RFP). It 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. The action items and strategies should **specifically address disparities in oncologic care in the disease area of HNC** and address barriers leading to inequality of cancer care that exist in institutions and within society at large. As a reminder, ASCO proposed strategies in three specific areas: (1) enhancing awareness of disparities, (2) improving access to care, and (3) supporting research on health disparities. **Preference** will be given to proposals which seek to **implement** one or more of these strategies to achieve a solution to oncodisparity in the area of HNC.
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.”² 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 should finish by **July 1, 2025**.

² Dalai Lama



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 \$150,000

- 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 reasonable 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 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.



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: Saturday, September 30, 2023, midnight (EST)

