Request for Proposals for a Health Equity Fellowship

EMD Serono's 2027 "I'M IN" Oncodisparity Fellowship

Advancing Health Equity in Healthcare: Reducing Socioeconomic and Geographic Access Disparities in Cancer Care for Patients with NSCLC

- Deadline to submit a Proposal is **Friday, October 23, 2026, midnight (EST)**
- Proposals must be submitted through EMD Serono's *Request Management System.* Click here for the link.

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 reduce ***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 Pittsburg, to fund two fellows, each focusing on a different research project.

- One fellow addressed 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 addressed 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.

Last year, EMD Serono expanded its scope to include non-small cell lung cancer (NSCLC) and bladder cancer.

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 NSCLC***, 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 disparities in patient care in our communities, medical schools, research labs, medical practices, clinical trials, and classrooms.

We prioritize our financial support for activities that increase healthcare knowledge and advance patient care, while also addressing disparities in patient care 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 Socioeconomic and Geographic Access Disparities in Cancer Care for Patients with NSCLC

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]

In the context of NSCLC, numerous factors have been identified as contributing to disparities in diagnosis, treatment, and outcomes for underserved populations. For

[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.

patients with NSCLC, molecular testing and targeted therapy are very important.[2] In particular, use of broad biomarker testing, which is recommended by the National Comprehensive Cancer Network Clinical Guidelines in Oncology (NCCN Guidelines) for patients with NSCLC, "is the most notable disparity among black patients."[3]

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."[4] To achieve cancer health care 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."[5]

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.[6]

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.

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[2] Gibbs, S. N., Desi Peneva, Gebra Cuyún Carter, Palomares, M. R., Snehal Govind Thakkar, Hall, D. W., Dalglish, H., Campos, C., & Yermilov, I. (2023). Comprehensive Review on the Clinical Impact of Next-Generation Sequencing Tests for the Management of Advanced Cancer. *JCO Precision Oncology*, *7*. https://doi.org/10.1200/po.22.00715

[3] Bruno, D. S., Hess, L. M., Li, X., Su, E. W., Zhu, Y. E., & Patel, M. (2021). Racial disparities in biomarker testing and clinical trial enrollment in non-small cell lung cancer (NSCLC). *Journal of Clinical Oncology*, *39*(15_suppl), 9005–9005. https://doi.org/10.1200/jco.2021.39.15_suppl.9005; see also Makenzi Colleen Evangelist, James Edward Butrynski, Paschold, J. C., Ward, P. J., David Michael Waterhouse, Spira, A. I., Ali, K., Hakimian, D., Jotte, R. M., Larson, T., Meshad, M. W., Rami Owera, Richards, D. A., Neubauer, M. A., Robert, N. J., Yori, J. L., Pant, M., Coleman, R. L., & Spigel, D. R. (2024). Biomarker testing in early-stage NSCLC: Results from the MYLUNG Consortium. *Journal of Clinical Oncology*, *42*(16_suppl), 8047–8047. https://doi.org/10.1200/jco.2024.42.16_suppl.804

[4] 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.

[5] Manali, et al.

[6] 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 strives to include all patient populations, including those underserved patient populations based on race, ethnicity, general, sexual identity/preference, or socioeconomic status, 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 varied patient populations, which means we need to *include* all patient populations in our clinical trials, as well as throughout the drug development lifecycle. We are committed to continuously challenging the status quo, within the bounds of the law, and strive to be at the forefront of including all patient populations in our clinical trials, which is an important and meaningful step toward 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 a 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 that initiative continue to be felt.

Next, 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 initiative, now in its fifth 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.

Four years ago, EMD Serono expanded its fellowship initiatives and launched its first-ever ***Oncodisparity Fellowship***, focusing on HNC. Two years ago, EMD Serono expanded its I'M IN Oncodisparity fellowships to include non-small cell lung cancer (in this RFP) and bladder cancer (in a separate RFP).

This year, EMD Serono expanded its fellowship initiatives to launch its first **I'M IN HIV Health Equity Fellowship** initiative which seeks to develop healthcare leaders focused

on reducing disparities in HIV care through fellowship funding. The specific disease focus for the fellowship is HIV, a disease with historically underserved patient populations.

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 NSCLC, 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 NSCLC***, thereby advancing health equity.

- **Therapeutic Area:** Oncology
- **Disease State:** NSCLC
- **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 -** 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. In addition, we do not award fellowship funding to any organization that selects its fellows based on their race, gender, or other protected class. As a condition of receiving any fellowship funding, the recipient organization must confirm in the Fellowship Agreement that it will not select or award any of the fellowship funds to a candidate based on their race, gender, or any other protected class.

- **Nature of the Fellowship:**

    - We are open to considering creative fellowship proposals that are thoughtfully designed and ***dedicated to reducing disparities in oncological care for patients with NSCLC*** in meaningful, concrete ways.

    - We are interested in expanding the impact of our fellowship initiative by ***expanding the geographic scope*** of our fellowship funding. We have previously awarded funding to institutions in Philadelphia, Pennsylvania and Washington D.C. Geographic reach is important to create a national "ripple effect" (see below).

    - 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 NSCLC*** 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 or more of these areas:

    1. ***Awareness*** – Raising awareness within the medical (individual HCP, team and hospital administrative level) and NSCLC patient communities that socioeconomic and geographic disparities in NSCLC care exist, especially regarding comprehensive diagnosis using broad biomarker testing.

    2. ***Access to care*** – access to care – specifically access to NCCN Guideline-recommended biomarker testing and targeted therapies – is a targetable area of research and interventions to lessen disparities for patient with NCLC.

    3. ***Outcomes*** – disparities in both access to care and NCCN Guideline-recommended biomarker testing and targeted therapies are major drivers for poor outcomes in NSCLC. Identifying points of intervention at the patient/community level, as well as the individual, team and hospital administrative levels, to address socioeconomic and geographic access disparities is key to yielding significant improvement in NSCLC 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."[7] 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 NSCLC. 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.

[7] Dalai Lama

- At the same time, be realistic about what your fellows can reasonably accomplish in the span of one year. The Fellowship work should begin by July 1, 2027, and finish by **July 1, 2028.**

- 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.

- **Amplifying Your Fellow's Work**

  - Our goal is to create a ripple effect in the oncology community by having other institutions around the country learn about your Fellow's health equity 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 may 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., overseeing certain parts of the fellowship research and/or activities) for their work directly within the scope of their fellowship and other direct expenses (such as institutional overhead, etc.). While institutional overhead is permissible, preference will be given to proposals with no, or minimal, overhead in the budget.

- 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 of their fellowships at scientific or educational conferences, fellowship funds may be used to cover the reasonable costs of travel, lodging, and registration at 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.

  - Fellows may not be selected based on their race, gender, or any other protected class. As a condition of receiving the fellowship funds, the organization is required to represent and warrant to EMD Serono that it, and any institution designated by it to select fellows, shall not select or award any fellowship funds to any fellow based on their race, gender, or any other protected class.

- EMD Serono shall not be involved in the review of fellowship applications or the selection of fellows, even if.

    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 names, CVs, or biographies of any potential fellows. The proposed research to be undertaken may (and should) 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 the fellowship program (typically in the summer of 2028), organizations 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 a reminder will be sent when it is time to log in and complete the 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*. Click here for the link.

Important: In the "Program Title" field on your Proposal in the *Request Management System,* type in "**RFP: 2027 I'M IN Oncodisparity Fellowship for NSCLC**." 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 **Friday, October 23, 2026**.

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 Mamatha Nayak, Head of Grants and Giving, US Medical Affairs, at Mamatha.nayak@emdserono.com or (609) 954 9929.

If you have any questions about how to use the EMD Serono *Request Management System*, please contact Request Coordinator at fundingrequests@emdserono.com.

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 [8]

How to Use This Checklist

You will enter information about your Proposal in EMD Serono's *Request Management System*.

- 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 appears in the following document.
- **Detailed Information about Fellowship Program** – This Checklist explains how to prepare the "Full Proposal" document you must upload.

Both documents (Letter of Request and Full Proposal) will be uploaded on the appropriate tabs in the portal. See PowerPoint slide deck, slides 22 and 30.

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: 2027 I'M IN Oncodisparity Fellowship: NSCLC"
- ☐ Name of Your Organization
- ☐ Name of Person submitting the Proposal, including department affiliation

[8] 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.

☐ 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 rational 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 disparities in 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 aim 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."[9] 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, 2028**. We discourage organizations from requesting no-cost extensions of time to complete their fellowship work.

[9] 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 <u>not</u> 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 for their work directly within the scope of their fellowship and other direct expenses (such as institutional overhead, etc.). While institutional overhead is permissible, preference will be given to proposals with no, or minimal, overhead in the budget.

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 with1 inch margins and page numbers.
- ☐ **The entire "Details About the Fellowship" document must be submitted as ONE PDF FILE which is uploaded** on the "**Full Proposal**" tab of EMD Serono's *Request Management System*. Please do not create separate documents for your aims, budget, biosketchs, etc.

Deadline for submission: Friday, October 23, 2026, midnight (EST)