



Pfizer Announces

Telehealth Solutions in Atopic Dermatitis for Improving Education and Patient Care

Competitive Grant Program - internal Pfizer review process

I. Background

Pfizer Global Medical Grants (GMG) supports the global healthcare community's independent initiatives (e.g., research, quality improvement, or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies.

Pfizer's GMG competitive grant program involves a publicly posted general Request for Proposal (RFP) that provides detail regarding a general area of interest, sets timelines for review and approval, and uses an internal Pfizer review process to make final grant decisions. Organizations are invited to submit an application addressing the knowledge gaps as outlined in the specific RFP.

For all independent medical education grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Pfizer must not be involved in any aspect of project development, nor the conduct of the independent education program.

II. Eligibility

Geographic Scope:	Africa, Asia (excluding Japan and Korea), Latin America and the Middle East
Applicant Eligibility Criteria	<ul style="list-style-type: none"> • The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional associations and medical societies; medical education companies; and other entities with a mission related to healthcare professional education and/or healthcare improvement. • If the project involves multiple departments within an institution and/or between different institutions / organizations / associations, all institutions must have a relevant role and the requesting organization must have a key role in the project. • For projects offering continuing education credit, the requesting organization must be accredited.

III. Requirements

Date RFP Issued	June 12, 2020
Clinical Area	Atopic Dermatitis
General Area of Interest for this RFP:	<ul style="list-style-type: none"> • It is our intent through this RFP to support projects that focus on addressing knowledge gaps related to the utilization and optimization of telehealth in the care of patients with atopic dermatitis. Programs focused on 1) the education of HCPs regarding effective implementation of telehealth in their practice and/or; 2) the development, implementation, and/or optimization of existing tools designed to facilitate remote interaction between patients and HCPs for the diagnosis and longitudinal care will be considered.
Target Audience:	<ul style="list-style-type: none"> • Dermatologists, primary care physicians, pediatricians and other health care providers involved in the care of common inflammatory medical dermatological conditions.
Expected Approximate Monetary Range of Grant Applications:	<ul style="list-style-type: none"> • Individual projects requesting up to \$50,000 USD will be considered. We anticipate supporting up to three (3) projects.

<p>Key Dates:</p>	<ul style="list-style-type: none"> • RFP release date: June 12, 2020 • Grant Application due date: July 30, 2020 August 14, 2020 (DEADLINE EXTENDED) <p>Please note the deadline is 23:59 Eastern Standard Time (e.g. New York, GMT -5).</p> <ul style="list-style-type: none"> • Anticipated Grant Award Notification Date: September 2020 • Grants will be distributed following a fully executed agreement. • Anticipated Project Start and End Dates: December 2020 – December 2022
<p>How to Submit:</p>	<ul style="list-style-type: none"> • Please go to www.cybergrants.com/pfizer/knowledge and sign in. First-time users should click “Create your password”. • In the application: <ul style="list-style-type: none"> ○ For the question “What type of request are you submitting?” select Response to a Request for Proposal (RFP) ○ For the question “Are you replying to a Request for Proposal as part of the Competitive Grant Program?” select Yes ○ Select the following Competitive Grant Program Name: 2020 I&I R – Telehealth Atopic Dermatitis ○ Select the following Primary Area of Interest: Atopic Dermatitis • Requirements for submission: Complete all required sections of the online application and upload your project proposal (see Appendix) in the General RFP Submission field. Applications must be submitted in English. • If you encounter any technical difficulties with the website, please click the “Technical Questions” link at the bottom of the page. <p>IMPORTANT: Be advised applications submitted after the due date will not be reviewed by the committee.</p>
<p>Questions:</p>	<ul style="list-style-type: none"> • If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Angelo Carter (angelo.carter@pfizer.com), with the subject line “Atopic Dermatitis Telehealth RFP.”
<p>Review and Approval Process</p>	<ul style="list-style-type: none"> • Grant requests received in response to a general RFP are reviewed by Pfizer to make final grant decisions.
<p>Mechanism by which Applicants will be Notified:</p>	<ul style="list-style-type: none"> • All applicants will be notified via email by the dates noted above. • Applicants may be asked for additional clarification during the review period.

Appendix A

General RFP Submission Requirements

Project Proposals should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 15-page limit exclusive of references. Please include the following:

Goals and Objectives	<ul style="list-style-type: none"> Briefly state the overall goal of the project. List the objectives you plan to meet with your project, in terms of learning and expected outcomes.
Needs Assessment for the Project	<ul style="list-style-type: none"> Include a description of your organization's needs assessment for this proposed project which may include a quantitative baseline data summary, initial metrics, or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in your target area.
Target Audience	<ul style="list-style-type: none"> Describe the primary audience(s) targeted for this project. Indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population.
Project Design and Methods	<ul style="list-style-type: none"> Describe the planned project, the educational approach, and the way the planned methods address the established need.
Innovation	<ul style="list-style-type: none"> Explain what measures you have taken to assure that this project is original and does not duplicate other projects or materials already developed. Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions.
Evaluation and Outcomes	<ul style="list-style-type: none"> In terms of the metrics used for the needs assessment, describe how your organization will determine if the gap was addressed for the target group. Identify the sources of data your organization anticipates using to make the determination. Describe how your organization is expected to collect and analyze the data. Explain the method used to control for other factors outside this project (e.g., use of a control group or comparison with baseline data). Quantify the amount of change expected from this project in terms the target audience. Describe how your organization will determine if the target audience was fully engaged in the project.
Dissemination Plan	<ul style="list-style-type: none"> Describe how the project may have extended benefit beyond the grant. Will the teaching materials be made available to others to use? Will there be tools or resources that are made publicly available beyond the

	<p>initial project. Describe how the project outcomes might be broadly disseminated.</p>
<p>Anticipated Project Timeline</p>	<ul style="list-style-type: none"> • Provide an anticipated timeline for your project including project start/end dates.
<p>Additional Information</p>	<ul style="list-style-type: none"> • If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here.
<p>Organization Detail</p>	<ul style="list-style-type: none"> • Describe the attributes of the institutions/organizations that will support and facilitate the execution of the project, the leadership of the proposed project, and the specific role of each institution in the proposed project.
<p>Budget Narrative</p>	<ul style="list-style-type: none"> • Please include a budget narrative that describes in greater detail the line items specified in the budget submitted within the application • While estimating your budget please keep the following items in mind: <ul style="list-style-type: none"> ○ Independent Medical Education Grants awarded by GMG cannot be used to purchase therapeutic assets (prescription or non-prescription). ○ Overhead rates of up to 28% of the total proposed project budget may be supported by Pfizer.