I. Background

The mission of Pfizer Independent Grants for Learning & Change (IGLC) is to partner with the global healthcare community to improve patient outcomes in areas of mutual interest through support of measurable learning and change strategies. “Independent” means that the projects funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the projects and only asks for reports about the results and the impact of the projects in order to share them publicly.

The Pfizer Fellowship Program (“Fellowship Program”) is a reflection of Pfizer’s commitment to advancing research, innovation, clinical expertise and medical education for medical, nursing, and allied health professionals. This program provides career-building opportunities for practicing clinicians and academic researchers in outcomes and patient-oriented research that is vital to improving healthcare.

The intent of this Request for Proposal (RFP) is to encourage organizations with an active dermatology fellowship program to submit a proposal. The purpose of the Fellowship Program grant is to provide support the continued training of fellows in any year of a program focused on research. Organizations seeking funding must submit proposals describing the strength of their program in supporting clinical training and research.

II. Eligibility

<table>
<thead>
<tr>
<th>Geographic scope:</th>
<th>☑ United States Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ International(specify country/countries)______________</td>
</tr>
</tbody>
</table>

Eligibility criteria:
The following requirements are in place for the Fellowship:

- Application must be submitted by an accredited U.S.-based academic organization.
- The organization cannot host more than one fellow funded through this same award during the proposed term.
- Senior staff, division heads or department chairs and fellowship directors should work on behalf of their organization to prepare and submit an application for consideration.
- Do not include the name of the potential fellow in application materials. This is an organizational grant and the attributes of an individual fellow will not be taken into consideration.

III. Requirements

<table>
<thead>
<tr>
<th>Date of issue:</th>
<th>June 5, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical area:</td>
<td>Dermatology</td>
</tr>
</tbody>
</table>
| Specific Area of Interest | It is our intent to support institutions with adult or pediatric dermatology fellowship programs that have a strong focus on clinical practice, research, and education to further the understanding of dermatologic diseases. 
Grants will be awarded based on the strength of the requesting organization's ability to provide training and guidance to the fellow. Priority will be given to applications demonstrating the most need. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Application requirements:</td>
<td>Please refer to Appendix for the application requirements</td>
</tr>
</tbody>
</table>
| Budget: | • Individual requests for fellowship grants up to $80,000 per year (direct costs) for up to two years will be considered.  
• Funding is to be used as a salary supplement for a fellow at the recipient organization.  
• Funding will be awarded to the organization, which will select the recipient. Funding must be used primarily as salary support for the selected fellow, not for overhead, indirect or fringe costs.  
• U.S. Physician Payments Sunshine Act ("Sunshine Act") and other transparency law reporting requirements must be satisfied with respect to meals, payments, travel and other transfers of value. |
| Key dates: | Please note the following key dates:  
Applications due date: July 14, 2017  
Decision Notification date: September 2017  
Program start date must be after January 1, 2018  
Fellowships funded in 2017 must be completed before December 31, 2020.  
Grants will be distributed following execution of fully signed Letter of Agreement. |
Enter Invitation Code: 8924XKZ2B9 (expires 7/31/17)  
If you are a first-time user, please click “REGISTER NOW”.  
Requirements for submission: Complete all required sections of the online application and upload the two fellowship documents (see Appendix). If you encounter any technical difficulties with the grant management system, please click the “Need Support?” link at the bottom of any page.  
**IMPORTANT:** Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee. |
Questions:
If you have questions regarding this grant opportunity or the Fellowship program, please contact amanda.solis@pfizer.com, with the subject line “Dermatology Fellowship 2017.”

Mechanism by which applicants will be notified:
All applicants will be notified via email by the dates noted above.
Applicants may be asked for additional clarification during the review process.

IV. Terms and Conditions

1. This grant opportunity does not commit Pfizer to award a grant nor to pay any costs incurred in the preparation of a response to this RFP or any other expenses.

2. Pfizer reserves the right to accept or reject any or all applications received as a result of this RFP, or to cancel this grant opportunity in part or in its entirety at any time, if it determines it is in the best interest of Pfizer to do so.

3. For compliance reasons and in fairness to all applicants, all communications about this grant opportunity must be submitted exclusively to Pfizer IGLC. Failure to comply will disqualify applicants.

4. Consistent with its commitment to openness and transparency, Pfizer discloses grants provided to medical, scientific, and patient organizations in the United States. Pfizer reserves the right to publically share the details of any successful grant application(s) by whatever means, including but not limited to the Pfizer website, in external presentations, and/or in other public media.

5. To ensure compliance with applicable local law, Pfizer may publicly disclose the support it provides. Pfizer may disclose in any lawful manner the terms of the letter of agreement, the support or funding that Pfizer is providing under the letter of agreement, and any other related information, to the extent necessary for Pfizer to meet its obligations under those laws, regulations and industry codes that require Pfizer to report payments or other transfers of value to certain healthcare professionals and teaching hospitals (collectively, the “Transparency Laws”). Transparency Laws include, without limitation, section 6002 of the U.S. Affordable Care Act and the EFPIA Code on Disclosure of Transfers of Value. Disclosures may include identifying information for organizations and U.S. physicians, such as name, business address, specialty, National Provider Identifier (NPI), and licensure numbers. Grantee will agree to (and will cause other agents, employees and contractors to) reasonably cooperate with Pfizer in Pfizer’s collection and disclosure of information to fulfill its Transparency Law obligations. Grantee will provide Pfizer with complete and accurate information about payments or other transfers of value reportable under Transparency Laws.

Frequently Asked Questions related to IGLC’s Sunshine Act Reporting Requirements are available on our website (http://www.pfizer.com/files/IGLCsunshineFAQ_updatedJan2016.pdf).
Appendix: Fellowship Application Requirements

Proposals should consist of two documents. The first, representing the Main Section of this proposal should be submitted in Word or a PDF. This document should be formatted with single-spaced using 12-point font and 1-inch margins and should not exceed 12 pages. The second, representing the budget, should be submitted in Excel, to which there is no page limit.

I. Cover Page (not to exceed 1 page)
   A. Title: Please include the fellowship title, and main institutions
   B. Abstract: Please include an abstract summary of your proposal including the goal of the fellowship, methods the institution uses to support the fellow’s training, and assessment.

II. Organizational Detail (not to exceed 1 page)
   A. Please include an overview of your institution. Include a brief history of your fellowship listing the number of previous fellows and any significant outcomes achieved through the past fellowships.

III. Main Section (not to exceed 10 pages)
   A. Overall Goal and Objectives of the Fellowship: Describe the overall goal of the fellowship. Describe the focus of study that is being supported in general terms based on the categorizations listed in this application. Include a statement summarizing the need for support of this fellowship.
   B. Methods: Please describe the research mentoring process. Include a description of the methods used to support the fellow and their research.
   C. Resources: Please describe the institution’s academic, clinical, and research capacity. Describe the facilities/resources that are made available to the fellow. Provide a summary of relevant past work that is applicable.
   D. Collaborators: Please describe any involvement/collaboration with other institutions (e.g., a state or local public health organization from the public or private sector) in the fellow’s training.
   E. Challenges: Please provide a summary of potential challenges and of plans for addressing those challenges

IV. Institutional Support
   A. Division Head/Department Chair CV and Letter of Support
   B. Primary mentor; Secondary mentor (if applicable) CV and Letter of Support
      - Detailed description of the research mentoring process

V. Budget
   - Address additional sources of financial support for this proposal, including current and pending sources of funding

Requirements for Prospective Fellows

• Prospective award recipients at the organization cannot apply directly for the award. However, a fellow may assist the senior staff, division head or department chair at the organization in the development of the application.
• Fellows supported by a Pfizer fellowship must have the opportunity to carry out supervised research with the primary objective preparation for their respective discipline and subspecialty.
• Upon receipt of the award, the fellow selected by the organization must meet the following criteria:
- U.S. citizen or foreign national with permanent U.S. residence
- Hold an advanced degree (e.g., PhD, MD, DO, NP, PharmD, etc.)

Requirements for Research Projects
This grant opportunity is to support fellows involved with independent research that seeks to improve the organization, financing and/or delivery of strategies and initiatives that promote health and prevent disease and disability in patients with dermatologic diseases. Examples of such research include, but are not limited to: observational studies and outcomes research studies where the primary focus is the scientific understanding of disease; novel approaches to implementing improvements in practice; use of screening tools and their impact on improvement of patient health. Examples of research that would be ineligible include research involving the study and/or evaluation of any pharmaceutical product and basic science and/or fundamental research (in animal model, in-vitro, etc.)