



Boehringer Ingelheim Pharmaceuticals, Inc. (BIPI)

Announcement of Interest to Receive Independent Medical Education (IME) Grant Applications

Boehringer Ingelheim Pharmaceuticals, Inc. (BIPI) is committed to supporting innovative, high quality, independent medical education for healthcare professionals that helps address unmet medical needs, maintains clinical excellence, and aims to improve patient health outcomes within BIPI's therapeutic areas of interest.

The intent of this Request for Proposals (RFP) announcement is the availability of funding for IME activities pertinent to the specifications outlined below.

IME should address the identified educational needs of healthcare provider-learners, be evidence-based to enhance patient care, and may or may not include continuing education (CE) credit. BIPI-supported IME must adhere to relevant regulatory guidance and industry standards.

Grant applications must be submitted through the BIPI Funding Portal at www.bipigrants.com and once received, BIPI will carefully consider each request. The outcome of each review may result in full or partial funding of the requested amount, or in a denial decision. BIPI reserves the right to decline all submissions at its sole discretion.

Unless otherwise noted on www.bipigrants.com, during the period of this RFP and throughout the year, BIPI will also accept requests from eligible organizations that are not in response to an RFP. BIPI reserves the right to include any submissions received during this period as part of the RFP, but does not have to.

If you have questions about the RFP application process, please send an email to the Boehringer Ingelheim Pharmaceuticals Funding Mailbox at medfunding.us@boehringer-ingelheim.com

RFP Posting Date	January 23, 2026
RFP Submission Deadline	Accepted on an ONGOING basis until March 19, 2026 . Review is prioritized based on program requirements and available budget. You will submit via our BIPI Funding Portal.
Therapeutic Area	Cardiovascular, Renal, Metabolic
Educational Focus (<i>Educational activities should address one or more of the following educational gaps</i>):	Type 2 Diabetes Mellitus (T2DM) <ol style="list-style-type: none">1. Increase clinician knowledge of current evidence regarding cardiorenal complications in T2DM, including the prevalence, pathophysiology, and bidirectional relationship between diabetes, cardiovascular disease, and kidney disease.2. Increase clinician competence in utilizing validated risk assessment tools and biomarkers to identify T2DM patients at highest risk for adverse cardiorenal outcomes.3. Increase clinician confidence/confidence in implementing multifactorial intervention strategies based on current ADA/ACC/KDIGO guidelines, including lifestyle modifications and evidence-based therapies. Chronic Kidney Disease (CKD) <ol style="list-style-type: none">1. Increase clinician knowledge of guideline recommended screening of people at risk of CKD (e.g. hypertension, diabetes, cardiovascular disease) and the role of uACR and eGFR testing.2. Increase clinician knowledge of CKD as an independent cardiovascular risk factor, understanding the clinical significance of albuminuria and reduced eGFR in predicting patient outcomes.3. Increase clinician competence in interpreting kidney function tests, utilizing KDIGO heat maps for risk stratification, and determining appropriate referral timing for nephrology consultation.4. Increase clinician competence/confidence in coordinating multidisciplinary care teams and implementing guideline recommendations for slowing CKD progression and reducing cardiovascular events.

	Heart Failure <ol style="list-style-type: none"> 1. Increase clinician knowledge of heart failure pathophysiology across all ejection fraction categories (HFrEF, HFmrEF, HFpEF), including the role of neurohormonal activation and current diagnostic criteria. 2. Increase clinician competence in utilizing diagnostic tools (biomarkers, imaging, clinical scoring systems) to identify heart failure earlier in disease progression, particularly in patients with preserved ejection fraction. 3. Increase clinician competence/confidence in implementing guideline-directed medical therapy (GDMT), including lifestyle modifications, initiating and titrating GDMT according to current ACC/AHA/HFSA guidelines, managing drug interactions, and monitoring for adverse effects.
Audience/Learners	<p>Educational activities should address the needs of:</p> <ul style="list-style-type: none"> • General and Internal Medicine Physicians (MD/DO), Advanced Practice Providers, Pharmacists, General Cardiologists, Nephrologists, Endocrinologists, Hospitalists, Primary Care <p>Please explicitly state the target HCP learner, including their recognized learning preferences, for which the proposed program is intended and how the proposed program addresses the independently assessed clinical gaps specific to the target HCP learners clinical practice.</p>
Educational Format(s)	Live and/or Virtual educational activities at the national and/or regional level in 2026 including, but not limited to congress activities (e.g. AACE, AAHFN, AAFP, AAPA, AANP, ACC, ACP, ADA, AHA, APhA, ASHP, ASN, CAPP, CMHC, Endocrine Society, HFSA, HiD, NACE, NAMCP, NKF Spring Clinical, PCNA, Pri-Med, WCIRDC)
Available Support	<p>Proposal requests should not generally exceed \$350,000</p> <p>Please note that BIPI encourages submission of grant applications with multiple sources of funding support.</p>
Selection Criteria	<p>Applications will be evaluated based upon:</p> <ul style="list-style-type: none"> • Adherence to BIPI's IME Proposal Guidelines • Ability to meet all requirements in submission • Requestor's knowledge of and experience within the therapeutic area and disease state • Well defined and researched gap analysis/needs assessment that specifies the current practice gap of identified learners within the educational focus indicated • Education focused on supporting excellence in patient care • Linkage of educational needs to practical, and measurable learning objectives • Incorporation of adult learning principles and instructional design method, interaction, and innovation in the educational format that reflect the preferred learning styles of the target audience • Outcomes measures that are in alignment with learning objectives and educational format, utilizing best practices in assessment methods • Audience generation methods that are specific to the activity and target audience • Rigor of mechanisms in place to validate content and mitigate identified relevant financial relationships, including review and revision of content as necessary to ensure a balanced view of therapeutic options and elimination of commercial bias • Compliance with guidelines and regulations related to CME/CE or other local governance related to medical education, as applicable • Fiscal responsibility and fair market value
Outcomes Measures	<p>Must be designed to address educational gaps as measured Level 4 - Competence (Moore's criteria) Moore DE Jr, Green JS, Gallis HA. <i>Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities</i> <u>Contin Educ Health Prof.</u> 2009 Winter; 29 (1):1-15.</p>

References	<ol style="list-style-type: none"> 1. Arnold MJ, Buelte AB. <i>Am Fam Physician</i>. 2020;102(6):378-379. 2. Farrell DR, Vassalotti JA. <i>BMC Nephrol</i>. 2024;25:34. 3. Lamprea-Montealegre JA, Shlipak MG, Estrella MM. <i>Heart</i>. 2021;107(16):1282-12886. 4. Kelepouris E, St. Peter W, Neumiller JJ, et al. <i>Diabetes Ther</i>. 2023;14:1111–1136. 5. Arooj H, Aman M, Hashmi MU, et al. <i>BMC Nurs</i>. 2025;24:188. 6. Vassalotti JA, Boucree SC. <i>Kidney Int Rep</i>. 2022;7(3):389-396. 7. Chu CD, Chen MH, McCulloch CE, et al. <i>Kidney Medicine</i>. 2021; 3(4):576-585. 8. Beldhuis IE, Lam CSP, Testani JM, et al. <i>Circulation</i>. 2021;143(9):e1–e12. 9. Damman K, Testani JM. <i>J Am Coll Cardiol</i>. 2019. 10. House AA, Anand I, Bellomo R, et al. <i>Nephrol Dial Transplant</i>. 2023;38(8):1798–1806. 11. Pitt B, Bakris GL, Agarwal R, et al. <i>Nephrol Dial Transplant</i>. 2025;40(3) 12. Ruilope LM, Schmieder RE. <i>Am J Physiol Heart Circ Physiol</i>. 2024;326(2):H123-H135. 13. Zhou Y, Li X, Wang Y, et al. <i>Front Med</i>. 2025;12:1567128. 14. Voors AA, Butler J, Lam CSP, et al. <i>Clin Res Cardiol</i>. 2025;114(11):1234-1248. 15. Vaduganathan M, Greene SJ, Fonarow GC, et al. <i>Circulation</i>. 2024;149(12):987-1002 16. McDonagh TA, Metra M, Adamo M, et al. <i>Eur Heart J</i>. 2021;42(36):3599–3726. 17. Heidenreich PA, Bozkurt B, Aguilar D, et al. <i>J Am Coll Cardiol</i>. 2022;79(17):e263–e421. 18. Bakris GL, Agarwal R, Chan JC, et al. <i>Nephrol Dial Transplant</i>. 2025;40(3):455–468. 19. Zelniker TA, Wiviott SD, Raz I, et al. <i>Lancet</i>. 2019;393(10166):31–39. 20. Vaduganathan M, Claggett BL, Jhund PS, et al. <i>Circulation</i>. 2024;149(12):987–1002. 21. Voors AA, Butler J, Lam CSP, et al. <i>Clin Res Cardiol</i>. 2025;114(11):1234–1248. 22. House AA, Anand I, Bellomo R, et al. <i>Nephrol Dial Transplant</i>. 2023;38(8):1798–1806.
------------	--

BIPI Standards for IME Applications:

1. This RFP does not commit BIPI to award a grant of any size nor to pay any costs incurred in the preparation of a response to this request. BIPI reserves the right to deny any and all applications and to not review applications it deems incomplete.
2. BIPI further reserves the right to request and to receive additional information and clarification relating to the submission; such a request would be provided by BIPI via e-mail from the BIPI funding portal.
3. All communications about the RFP must come exclusively to the BIPI Medical Education and Research Grants Office. Failure to comply will disqualify applicants. Applications received after the submission date or through other channels will not be considered.
4. BIPI adheres to both Federal and State Transparency Reporting Regulations and as such will report applicable transfers of value from education grants provided to Health Care Providers and medical, scientific, and patient organizations.
5. Applications for accredited education must be submitted by the accrediting organization or the organization that is in control of the development of the content. Grant funding shall be paid directly only to the entity that is specified in the grant application as “applicant”. BIPI will not make any payments to any individuals or co-sponsors of the educational program. No grant has been awarded until a formal grant agreement has been fully executed between BIPI and the applicant.
6. All applications must have comprehensive and itemized budgets.
7. Grantees must reconcile expenses and provide an outcomes report upon completion of the BIPI-supported educational program.