



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 (Request for Proposals) Posting Date	June 12, 2026
RFP Submission Deadline	Accepted on an ONGOING basis until July 24, 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>	<p>FSGS Educational Objectives</p> <ol style="list-style-type: none"> Increase clinician knowledge of the pathophysiology and heterogeneity of FSGS—including primary, secondary, and genetic subtypes—and the underlying mechanisms of podocyte injury (e.g., immune dysregulation, circulating factors, APOL1, TRPC6 signaling) and its role in proteinuria, nephrotic syndrome, and CKD progression. Increase clinician competence in the diagnostic workup of patients with suspected FSGS, including appropriate use of kidney biopsy and genetic testing Increase clinician competence in evidence-based management and escalation timelines, the application of appropriate clinical guidelines (i.e. KDIGO), and key patient-level unmet needs, including managing care transitions for patients with FSGS, such as coordination between pediatric and adult providers and across practice settings. Increase clinician knowledge of new and emerging agents and mechanisms of action under investigation for FSGS.
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, Nephrologists, Hospitalists <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. ASN, ASPN, GlomCom, NKF)

Available Support	<p>Proposal requests should not generally exceed \$300,000</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)</p> <p>Moore DE Jr, Green JS, Gallis HA. <i>Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities</i>. <i>Contin Educ Health Prof.</i> 2009 Winter; 29 (1):1-15.</p>
References	<ol style="list-style-type: none"> 1. Needs Assessment on File, April 2026. 2. Kidney Disease: Improving Global Outcomes (KDIGO) Glomerular Diseases Work Group. KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases. <i>Kidney International Supplements.</i> 2021;100(4S):S1–S276. 3. Fogo AB. Causes and pathogenesis of focal segmental glomerulosclerosis. <i>Nature Reviews Nephrology.</i> 2015;11(2):76–87. 4. Suresh V, Stillman IE, Campbell KN, Meliambro K. Focal Segmental Glomerulosclerosis. <i>Advances in Kidney Disease and Health.</i> 2024;31(4):275–289. 5. Gembillo G, Sessa C, Santoro D. Advances in the pathophysiology and treatment of focal segmental glomerulosclerosis: the importance of a timely and tailored approach. <i>World Journal of Nephrology.</i> 2025;14(2):103039. 6. Tato AM, Carrera N, García-Murias M, et al. Genetic testing in focal segmental glomerulosclerosis: in whom and when? <i>Clinical Kidney Journal.</i> 2023;16(11):2011–2022. 7. Miao J, Pinto e Vairo F, Hogan MC, et al. Identification of genetic causes of focal segmental glomerulosclerosis increases with proper patient selection. <i>Mayo Clinic Proceedings.</i> 2021;96(9):2342–2353. 8. Waheed A, Gul MH, Naeem R, et al. Clinical implications of apolipoprotein L1 testing in patients with focal segmental glomerulosclerosis. <i>Annals of Medicine and Surgery.</i> 2025;87:1543–1551. 9. Chávez-Mendoza CA, Niño-Cruz JA, Correa-Rotter R, et al. Calcineurin inhibitors with reduced-dose steroids as first-line therapy for focal segmental glomerulosclerosis. <i>Kidney International Reports.</i> 2019;4(1):40–47. 10. Mishra A, Itoku A, Reidy K, Kaskel F. The pursuit of new treatments for focal segmental glomerulosclerosis: harmonizing innovation with the DUET study of sparsentan. <i>Kidney Medicine.</i> 2024;6:100844. 11. White PH, Cooley WC, Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. <i>Pediatrics.</i> 2018;142(5):e20182587 (reaffirmed 2023). 12. Calabrese S, Lee S, Mollica MA, et al. Navigating pediatric to adult health care transition: a National Institutes of Health workshop. <i>Journal of Pediatrics.</i> 2022;244:234–240.

BIPI Standards for IME Applications:

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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.