

ファイザー
**Independent Medical Education Grant/
Quality Improvement Grants**
(共通)

Letter of Intent(LOI) 申請の手引き

2023年5月改訂

First time user? [Create your password](#)

Please Log In

Letter of Intent

* E-mail Address:

* Password:

Show password

登録頂いたメールアドレス、Password
を入力してください。

LOG IN

全ての入力が完了しましたら
"LOG IN"をクリックしてください。

[Forgot your password?](#)

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

[Technical Questions](#)

[1] Welcome Page



EDIT PROFILE

LOGOUT

The organization you are currently associated with is Pfizer japan (Organization ID 16058511).

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 Request for Proposal (RFP) that provides detail regarding a specific RFP, its review and approval, and uses an external review panel (ERP) to make final grant decisions. Organizations are invited to submit applications to address gaps in research, practice or care as outlined in the specific RFP.

This site is intended for submitting a Letter of Intent (LOI) in response to a RFP. All Open RFPs are posted on our main website.

Please note that all online application fields (and any uploaded documents associated with the initial application) must be completed in English.

We recommend that you [familiarize yourself with the online application](#) before you begin. To create a new application, click the "Start a New Application" link at the bottom of this page. You may also save your applications now and return to work on them later. To continue work on an unsubmitted application, click the "Continue" link next to the application's Project Title. To view an application previously submitted to Pfizer, click the "View" link next to the appropriate Project Title.

To help you monitor your progress, follow the timeline just below the tabs listed across the top of each page. The timeline and shaded tab will indicate your current position within the application process. If you have technical questions regarding this application, use the link located at the bottom of every page to contact the support team. For Grant Program Questions contact Global Medical Grants at GlobalMedicalGrants@pfizer.com.

Please note that while we will not use your contact information for sales and marketing purposes (nor add you to a mailing list so that you will receive new requests for grant proposals (RFPs) in your region. If you wish to be removed from our mailing list, please contact GlobalMedicalGrants@pfizer.com with the subject line "Unsubscribe from RFP alerts".

Submit a Request

» START A NEW LOI «

メールアドレス (ID) やパスワードをはじめとした各種申請者情報の修正ができます。

新しい申請の場合は、こちらをクリックしてください。

* 保存中の申請がある場合は、“Unsubmitted Requests”というセクションが表示され、“Continue”をクリックすると、申請手続きを再開できます。

[2] Contact Information

登録済の担当者名が表示されます

修正の必要がなければ、ボックスにチェックを入れて、
SAVE AND PROCEED をクリックしてください。

LOGOUT

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Contact Information

* indicates required field

Please enter or select your contact information here. In addition, if you are not the Project Lead for this specific project, please enter the Project Lead's contact information here. Please indicate your title in the salutation box. (e.g. Prof, Dr, Mr., Mrs., etc.)

Match: Check the box to associate this individual with
this application.

Name: [TEST TEST](#)

Telephone #: TEST

E-mail Address: TEST@PFIZER.COM

新たに連絡担当者の作成をされる際には、こちらをクリックし登録をお願いします。

修正が必要な場合は、名前をクリックし、修正してください。

SAVE AND PROCEED

CREATE NEW

[Technical Questions](#)

すべての入力 completed したら
"SAVE AND PROCEED" をクリックしてください。

[3] Organization Information

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【注意】“半角英数字”で入力ください

Organization Information

* indicates required field

The Organization identified below will be the Organization that will be contracted (if Approved).

* Legal Entity Name Pfizer japan

VAT Registration Number If VAT registered, please add number here

Practice or Private Physician Office Could your organization be classified as a group practice or an individually owned private physician practice (i.e., an independent group of physicians not affiliated with a hospital, academic institution or professional society)?

Please note that Pfizer cannot provide grants to individuals, individually owned informal groups which are not legal entities.

No

* Organization Type Medical & Science Organization

* Country Japan

* Address 1 test-test

Address 2 (Optional)

* City test-city

Province

* Zip/Postal Code 123455

Website Address test

* Organization Mission Statement Please describe the mission or objectives of your organization.

test

(1996 character(s) remaining)

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以下で入力する申請施設・団体がクリニック・診療所など個人所有の施設もしくは任意団体ではないことを確認の上、“No”を選択してください。

該当する団体タイプをプルダウンメニューから選択してください

登録済情報から変更がある場合は、修正をお願いします。

団体の活動目的についての概略を記載してください。

すべての入力が完了しましたら

“SAVE AND PROCEED”をクリックしてください。

[Technical Questions](#)

[4] Overview

「ナレッジギャップ」の場合は
“Education/Education Research”を、
「プラクティス/クオリティギャップ」の場合
は、“Quality Improvement”を選択ください。

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* indicates required field

* Project Type Indicate which of the following most accurately represents your project. For guidance, please refer to the [Project Classification Decision Matrix](#).

公募要項を参照の上、該当する領域をプルダウンメニューから選択してください。

* Primary Area of Interest

* Competitive Grant? Yes

Competitive Grant Program Name **IMPORTANT:** If you are submitting an application in response to a Reopen RFP in the area you selected, your application will not be reviewed. We do not accept unsolicited requests in the RFP category; your submission will be reviewed in the area which you will find the RFP area listed in this field.

公募要項を参照の上、プルダウンメニューから選択してください。

* Title

申請するプロジェクトのタイトルを記載してください。

* Estimated Project Start Date (?)

* Estimated Project End Date (?)

プロジェクトの開始日と終了日をカレンダーから選択ください。

[4] Overview

* Project/activity related to pain or opioids

Please indicate whether or not the project/activity for which you are seeking support from Pfizer is related to or includes discussions about pain or opioids.

NOTE: To be eligible for funding, project/activity related to opioids must include components: 1) Aimed at increasing awareness of the risks of opioid addiction, abuse, and misuse; and 2) Detecting and preventing abuse, misuse, and diversion of opioids.

Project Lead/Principal Investigator Salutation

Please indicate your title (e.g. Prof, Dr, Mr., Mrs., etc.)

* Project Lead/Principal Investigator First Name

Project Lead/Principal Investigator Middle Name

* Project Lead/Principal Investigator Last Name (?)

* Project Lead/Principal Investigator Email

* Project Lead/Principal Investigator Primary Degree

* Grant Request Type

Please select the items you are seeking within this request

How did you hear about us/this opportunity?

申請するプロジェクトが「疼痛」もしくは「オピオイド」に関連する場合は“Yes”を選択し、Attestationを確認してください。

プロジェクトの責任者（Lead）のお名前、メールアドレス等をご入力ください。

“Funding”を選択ください。

すべての入力が完了しましたら

“SAVE AND PROCEED”をクリックしてください。

SAVE AND PROCEED

[Technical Questions](#)

[5] Letter of Intent

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* indicates required field

Please refer to the Request for Proposal (RFP) posting for further details around what information should be captured in these fields. This information is listed in the Appendix of the RFP posting.

* Goals and Objectives Please describe your project's objectives/goals.

(4000 character maximum)

プロジェクトの目的を英語で入力してください。

* Assessment of Need for the Project

(4000 character maximum)

プロジェクト実行の必要性を英語で入力してください

プロジェクトの対象者及びプロジェクトの実行により、直接的な利益得ることができると考えられる医療担当者を英語で入力してください。

また、上記の対象者の母集団の数と今回のプロジェクトの対象者の数を入力してください

* Target Audience Describe the primary audience(s) targeted for this project. Also 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.

(4000 character maximum)

プロジェクトのデザインと手法について英語で入力してください。

* Project Design and Methods

(4000 character maximum)

今回のプロジェクトの中で、革新的であるところを英語で入力してください。

* Innovation

(4000 character maximum)

[5] Letter of Intent

* Evaluation and Outcomes Please describe how you plan to evaluate the effectiveness of your project.

(4000 character maximum)

プロジェクトの有効性をどのように評価する予定か、英語で入力してください。

* Anticipated Project Timeline

(500 character maximum)

プロジェクトのタイムラインを英語で入力してください。

Additional Information

(2000 character maximum)

* Organizational Details

Describe the attributes of institutions/organizations/associations that will support or facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each partner in the proposed project. Letters of support from each partner organization will be required during the full proposal stage. If a partnership is only proposed, please indicate the nature of the partnership.

(4000 character maximum)

プロジェクトを実行する団体・機関（本プロジェクトに共同団体がいる場合はその団体も含む）についての説明を英語で入力してください。尚、共同団体については、その役割を明確に示してください。

すべての入力が完了したら

“SAVE AND PROCEED”をクリックしてください。

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[Technical Questions](#)

[6] Budget Details

Budget Details

* Currency Select the currency to be applied to the entire application (Must be completed first)

プルダウンメニューから“JPY – Japanese Yen”を選択してください。

* Requested Amount from Pfizer Enter the amount requested in your local currency. Enter numbers only; do not include currency symbols.

弊社への助成依頼額を入力してください。

* Total Budget for the Study/Project (?)

プロジェクトの総予算を入力してください。

* Items of Value You agree that, if approved, no portion of a Pfizer independent grant will be used to purchase/distribute “items of value” (items that possess a discernible value on the open market, such as textbooks) for faculty, learners or participants. All grant recipient organizations will be required to certify during the reconciliation that funds were not used for items of value for faculty, learners or participants. This prohibition does NOT include modest stipends or gift cards provided to HCPs to take anonymous surveys in order to perform gap assessments.
 I agree

弊社からの助成金は、講師や参加者に提供する“価値あるもの（教科書など）”に充てることができないことを確認してください。尚、この文章内に記載はございませんが、日本国内の業界ルール上、参加者の個人費用（参加費・交通費・飲食費）や懇親会費にも充てることはできません。

* Infrastructure Expenses Independent medical grants must not be used to support infrastructure expenses (e.g. bricks and mortar). Examples of equipment include, but are not limited to: Computer appliances, machinery, camera equipment, sensors etc. Equipment rental is acceptable if it does not exceed the project budget.
 I confirm my budget does not contain any requests for funds to support infrastructure expenses.

弊社からの助成金は PC・iPhone・カメラなどプロジェクト終了後に申請団体の資産となりうる高額な備品の購入に充てることができないことを確認してください。（レンタルは可）

* In-House Services (?) Do you plan on using in-house services (in lieu of, or in addition to, third party vendors) for this project/activity? For example, graphics, marketing materials, audio/visual, etc. If your request is approved and you have answered yes to this question you must provide copies of all internal invoices/charges at the time of completing the reconciliation.

上記の支出予算総額以外で、本プロジェクトを実行するために申請施設・団体内で費用が発生する場合は“Yes”を、発生しない場合は“No”を選択ください。

すべての入力が完了しましたら“SAVE AND PROCEED”をクリックしてください。

SAVE AND PROCEED

[7] Compliance Commitment

Compliance Commitment

* indicates required field

- * Compliance Certification Please read the following certification carefully. You must certify the following before you can submit your request to Pfizer for consideration. Please certify your agreement by clicking "I agree".
- You certify that you are an active employee of the requesting organization, with the responsibility and authorization to apply for financial support from Pfizer.
- You certify that you have no knowledge that Pfizer has had involvement in the creation or development of this project.
- You certify that, if approved, you will disclose the source of all support from Pfizer in all publications and presentations. When Pfizer support is "in-kind" the nature of the support must be disclosed to learners.
- You certify that, if approved, you will provide Interim Reports every six months throughout the lifecycle of the project, as well as a Final Report at the conclusion of your project. You also agree to provide monthly patient enrollment reports for clinical studies involving human subjects. If any of these required reports becomes overdue, Pfizer reserves the right to share your name with other representatives from your organization to assist in resolving the non-compliance. Further, you acknowledge non-compliance of required reports for previously approved grants may render your Institution as ineligible for new grants from Pfizer.
- You certify that, if approved, in the performance of all activities related to an independent medical grant, you will comply with all applicable Global Trade Control Laws. "Global Trade Control Laws" include, but are not limited to, U.S. Export Administration Regulations; the International Traffic in Arms Regulations; EU export controls on dual-use goods and technology; Financial Sanctions Laws and Restrictive Measures imposed within the framework of the CFSP - Treaty on European Union; and the economic sanctions rules and regulations administered by the U.S. Treasury Department's Office of Foreign Assets Control.
- You certify that, if approved, the grant has not been and will not be conditioned on the award of a contract(s) or any pre-existing or future business relationship with Pfizer; or (b) any business transaction or contract to be made, relating to Pfizer or its products (including coverage or formulary status).
- Further you certify that you are authorized to submit an application and provide information in an application on behalf of the requesting organization and any partner organization(s), and you affirm that all responses and information provided in this application are truthful, accurate and complete. Your certification also represents that neither you nor your organization's directors, trustees, and/or anyone who will be involved in the project(s) that will be funded by this grant are on the OIG debarment list.
- Please note, if the request is approved your organization will be required to sign a contract which includes additional terms and conditions as they relate to the grant.**
- I agree to the Compliance Certification

ご同意頂けましたら、チェックをお願いします。

すべての入力が完了しましたら

"SAVE AND PROCEED"をクリックしてください。

SAVE AND PROCEED

[Technical Questions](#)

Review Your Application

Please review your application information. If you are not ready to submit your application at this time, click the "Save Only" button. The application will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the application to Pfizer and you will then be unable to perform further editing.

Contact Information

* Salutation Mr.
* First Name test
* Last Name test
* Title/Position Professor
* E-mail Address test@test.com
* Telephone 12345
Fax 12345

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Compliance Commitment

* Compliance Certification I agree to the Compliance Certification

全ての入力内容を確認し
問題なければ、SUBMIT"を
クリックしてください

SUBMIT

SAVE ONLY

以上で申請は完了です。
ご不明な点がありましたらこちらまでご連絡ください。

MEG-J事務局
meg.japan@pfizer.com