



**Request for Proposals (RFP) for Medical Education Grants:  
Prader-Willi Syndrome (PWS)  
(August 2025)**

**Background and Objectives**

SOLENO recognizes the importance of independent medical education programs that enhance the level of patient care. SOLENO is committed to supporting accredited medical education programs, designed to improve care for patients within the therapeutic areas of interest for SOLENO (e.g., PWS) by educating healthcare professionals.

Grants are awarded to support legitimate education and scientific activities within Soleno's areas of interest, and proposals are reviewed for alignment with these therapeutic areas. When evaluating and making determinations on independent educational grant requests, SOLENO complies with all relevant laws, regulations, guidelines and SOLENO policies, including but not limited to the Accreditation Council for Continuing Medical Education (ACCME) standards for commercial support, Office of Inspector General (OIG) Compliance Program Guidance for Pharmaceutical Manufacturers, the Food and Drug Administration (FDA) Guidance for Industry regarding Industry-Supported Scientific and Educational Activities, and the American Medical Association (AMA) Opinion 8.061 Ethical Guidelines for Gifts to Physicians from Industry.

This RFP applies to requests from organizations outside of SOLENO to financially support medical education, otherwise referred to as medical education grants. This RFP does not apply to research grants, investigator-initiated research (IIR), independent third-party patient assistance programs (PAPs), donations or in-kind contributions to a charitable organization, commercial sponsorships (e.g., exhibits, tabletops, or other funding in exchange for promotional opportunity), or requests for donations of product related to compassionate use or expanded access.

**Eligibility Criteria**

Eligible applicants for SOLENO's Medical Education Grants include: 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 request involves a collaboration between multiple departments within a single institution and/or among different institutions/organizations/associations, all participating entities must have a clearly defined and relevant role in the project. For projects offering continuing education credit, the requesting organization must be accredited.

**Areas of Interest, Target Audience and Formats**

SOLENO financially supports appropriate activities and programs to further its commitment to improving patient care. Specific areas of interest are as follows:

- Support education that raises awareness and understanding of hyperphagia in PWS and the burden of hyperphagia on patients and caregivers
  - Improve the understanding of the pathophysiology, progression and clinical manifestations of PWS, with a focus on hyperphagia and associated behaviors
  - Understand how the spectrum of PWS has improved with medical advancements (e.g. impact on growth and development, survival, etc)
  - Raise awareness of the importance of early diagnosis and treatment of hyperphagia in PWS
  - Improve continuity of care from pediatrics to adults with PWS
  - Provide multidisciplinary care teams the latest updates on the evolving treatment landscape for hyperphagia with PWS (i.e. clinical trials)

#### Target audiences

- All US healthcare providers who treat patients with PWS, primarily pediatric and adult endocrinologists and secondarily psychiatrists, geneticists and allied healthcare providers

#### Educational program formats

- All activity formats will be considered, including live in-person, live virtual, enduring virtual, print materials, innovative communication channels, apps, social media, digital programs, and resources or tools for clinical practice

### Funding – Expected Approximate Range of RFP Applications

- Individual projects requesting to up \$100,000 will be considered

### Timing and Key Dates

<b>RFP Release</b>	August 11, 2025
<b>Applications Due</b>	October 31, 2025
<b>Anticipated Award Notifications and Distributions</b>	December 1, 2025 – Note: Grants will be distributed following completion of a fully executed grant agreement
<b>Anticipated Approximate Project Start Dates and End Dates</b>	January - December 2026

### Submission Process and Requirements

**All Requests must be submitted through [medicalgrants@solenolife.org](mailto:medicalgrants@solenolife.org) using the Request Form outlined in Attachment A.**

## ATTACHMENT A

### SOLENO U.S. Medical Education Grant Request Form

To request funding from SOLENO related to an Education Grant, please submit this Request Form and relevant supporting documentation to: [medicalgrants@solenolife.org](mailto:medicalgrants@solenolife.org). Note that requests should be submitted at least 60 days in advance of any specific event or activity for which funding is sought.

#### Supporting Documentation

*Requestor must submit the following documents with this Medical Education Grant request:*

- **Formal request on letterhead**
- **Letter or other documentation provided by organization requesting funding;**
- **Organization's Tax ID (US) or Tax registration number**
- **Detailed Needs Assessment (need for the education)**
- **Program brochure and course agenda (if available)**
- **Itemized program budget**
- **W-9**
- **Educational Outcomes Plan**

**Note:** Medical education grant requests are not permitted to be submitted by Sales or Marketing personnel. Additionally, medical education grants are not permitted to be made to any individual Healthcare Professional.

### Section 1 – Project and Requestor Information

#### Event Information

Name of Event:	
Event Location:	
Event Date:	

#### Requestor's Information

Requestor's Name:	
Requestor's Title:	
Requestor's Department:	
Requestor's Email Address:	
Requestor's Phone Number:	

### Organization Information

Name of Organization:	
Contact Person & Job Title:	
Email Address & Phone Number:	
Check Payable to:	
Address:	
Country:	
Website:	
Tax ID (if available):	
Description of Organization's overall mission, activities or services:	
Department/Function Sponsoring the Medical Education Grant:	
Total Amount of Program Budget (USD):	
Amount of Support Requested (USD):	
Is your organization seeking or has it secured other sources of funding for this request?	
How Will the Funding be Used?	

### Section 2 – Event Details

Are you a non-profit organization?			
If yes, what is your non-profit ID?			
Website with Program Details:			
1. Description of the planned program (program overview):			
a) Program Title:			
b) Program Date:		Program Time:	
Check here if the program will be held on multiple dates:			
Topic (please be as specific as possible):			
Type of program and delivery format (Grand Rounds, National/ Regional Symposium, Conference, etc.):			

Expected audience/ Type of attendees (please describe the primary audience that you intend to educate, i.e., healthcare professionals, researchers, patients, etc.):			
Number of attendees expected:			
Location/ Venue:			
Learning Objectives			
What is the reason to support this educational program? <i>(Note: rationale must not relate to any past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of any SOLENO products or services. Medical Education Grants must not be used as an unlawful inducement to purchase, lease, recommend, prescribe, use, supply or procure SOLENO products or services).</i>		Support bona fide independent, educational, scientific, or policymaking conference	
		Promote scientific knowledge, medical advancement, or the delivery of effective health care the advancement of medical or scientific knowledge for Healthcare Professionals	
		Other (If other, please describe):	
Will SOLENO be mentioned as a Sponsor?		Yes	No
Are continuing education credits (or similar) being provided?		Yes	No

### Section 3 – Business Relationship

Is the organization a past or present SOLENO customer?		Yes	No
Has the organization applied for or received any support from SOLENO during the last 24 months?		Yes	No
If yes, please provide details of the support requested/received by the organization, including the value and type of support.			

Thank you for your request. Upon submission of complete requests, SOLENO will review in accordance with its policies and procedures.

Any questions regarding the application process should be directed to [medicalgrants@soleno.life](mailto:medicalgrants@soleno.life)