



## COVID-19 Fund to Retain Clinical Scientists Request for Applications

### GRANT OPPORTUNITY

The Doris Duke Charitable Foundation, together with American Heart Association, the Burroughs Wellcome Fund, Rita Allen Foundation, and Walder Foundation, believe that this is a key moment to accelerate long needed culture change for academia to become more inclusive of scientists with family caregiving needs. We have come together to support and spotlight changes at the institutional level that can support scientists with family caregiving needs, focusing on early-career physician scientists working at U.S. medical schools. This is a workforce ripe to benefit from institutional action and proximate to the public health concerns that are front and center during the pandemic. Building on the promising outcomes of the Doris Duke Fund to Retain Clinical Scientists program, the Doris Duke Charitable Foundation and its partners are allocating up to \$10 million to award one-time institutional grants of \$500,000 total direct cost plus 10% indirect costs over two years to U.S. medical schools that are evolving to strengthen policies, practices, and processes to support the research productivity of early-career faculty with family caregiving responsibilities. The majority of the grants are earmarked to support institutional programs providing research supplements for physician scientists working on clinical research projects whose productivity is being impacted by family caregiving responsibilities increased by COVID-19. The goal of the research supplements will be to enable recipients to regain research productivity and momentum, and to prevent their attrition from research. Supplement candidates must be early faculty who are working on significant biomedical problems. They must have active financial support, whether intra or extramural, for their main research and be on a clear trajectory to a successful independent research career. Importantly, they must be able to articulate how the supplement would enable them to maintain research productivity in light of family caregiving responsibilities augmented by COVID-19. The supplemental funds from the Fund to Retain Clinical Scientists would typically be used to support temporary technical assistance. *Funding has been earmarked to support at least two grants to minority-serving U.S. medical schools.*

### KEY DATES

Letter of intent due	by 3pm ET on June 22, 2021
Full proposal due	by 3pm ET on July 20, 2021
Notice of Award	by COB on September 10, 2021
Award Start Date	October 15, 2021

## BACKGROUND AND PURPOSE

The COVID-19 pandemic has exposed longstanding impediments to achieving more inclusion in Science, Technology, Engineering, Mathematics, and Medicine (STEMM). With many schools and childcare centers closed—and limitations on in-home care—the pandemic has challenged productivity, work boundaries, and mental health for workers in all sectors. The scientific enterprise has been no exception. The unequal impacts of the pandemic on women and people of color threaten to further reduce diversity in the workforce and limit the breadth of possible future scientific discoveries. A recent survey of women faculty in science conducted by the National Academies of Sciences, Engineering, and Medicine, found that over half of respondents had childcare and eldercare demands and that 90% of them were handling a majority of school and childcare responsibilities.<sup>1</sup>

Some institutions have mobilized to implement responses that explicitly address inequity, to create institutional structures that promote fairness and transparency in decision making, or to expand investments in infrastructure that will more sustainably support the research workforce with family caregiving responsibilities. In this moment of societal reevaluation of how support for family caregiving should figure as a more prominent and essential feature of an inclusive economy, funders seek to support leaders at academic medical centers promoting change to normalize family caregiving as part of the business of doing research.

The COVID-19 Fund to Retain Clinical Scientists will recognize exemplary institutional efforts to evolve supports for researchers with family caregiving responsibilities as part of their broader efforts to ensure equitable responses to future crises. These grants would add a tool to medical schools' efforts to normalize family caregiving as part of their operations supporting physician scientists and their broader faculty. The grants would provide support for research supplements primarily to physician scientists at the time of a caregiving crisis to: 1) advance clinical research in an inclusive but not gender-neutral way,<sup>2</sup> 2) enable recipients to repurpose their time so their research can continue,<sup>3</sup> and 3) validate rather than reinforce stigma around caregiving in clinical research.<sup>4</sup>

## AWARD GOALS AND INFORMATION

The goal of this one-time set of grants in light of COVID-19 is to bolster medical schools' wider efforts to support a research workforce with family caregiving responsibilities, with an emphasis on physician scientists' research recovery from the impacts of COVID-19. Each institutional grant will provide funding for research supplements to be awarded to eligible faculty as outlined below. The purpose of the grants is not to cover caregiving costs but to support the advancement of promising research by early-career faculty whose productivity is challenged by increased family caregiving responsibilities brought about by COVID-19. Each institutional grant will consist of \$500,000 total cost plus 10% indirect costs over two

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<sup>1</sup> National Academies of Sciences, Engineering, and Medicine. 2021. Impact of COVID-19 on the Careers of Women in Academic Sciences, Engineering, and Medicine. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26061>.

<sup>2</sup> Jagsi R, et al. An Innovative Program to Support Gender Equity and Success in Academic Medicine: Early Experiences From the Doris Duke Charitable Foundation's Fund to Retain Clinical Scientists. *Ann Intern Med*. 2018 Jul 17;169(2):128-130.

<sup>3</sup> Jones RD, et al. The Most Valuable Resource Is Time: Insights From a Novel National Program to Improve Retention of Physician-Scientists With Caregiving Responsibilities. *Acad Med*. 2019 Nov;94(11):1746-1756.

<sup>4</sup> Jones RD, et al. From Stigma to Validation: A Qualitative Assessment of a Novel National Program to Improve Retention of Physician-Scientists with Caregiving Responsibilities. *J Womens Health (Larchmt)*. 2020 Dec;29(12):1547-1558.

years to support approximately 10-15 research supplements of approximately \$30,000-\$50,000 each. The grant term accommodates for a timeline to launch a recruitment and selection process and support research projects for 12 months.

Priority would be given to U.S. medical schools that:

- Have engaged leadership who demonstrate commitment to the retention of physician scientists with family caregiving responsibilities;
- Are actively working to institutionalize practices to accommodate caregiving into their sustainability plans;
- Have an eligible pool of physician scientists with family caregiving responsibilities exacerbated by COVID-19 and who are conducting research with high potential to improve human health in any disease area; and
- Prioritize support for early-career physician scientists who identify as women, Black, African American, Hispanic or Latino, Native peoples, people with disabilities, or who are at economic disadvantage.

### **ELIGIBILITY OF INSTITUTIONS**

Applicant institutions must have letters from the US Internal Revenue Service documenting exemption from federal income taxation as an organization described in section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and that they are not a private foundation or a Type III supporting organization as defined in Section 509(a) of the Code.

Schools with existing "extra hands" programs are eligible to apply if they can justify the need for additional, not replacement, support. Only one award will be made to a given medical school or to an affiliated academic research hospital, so it is suggested that departments confer on applications.

### **ELIGIBILITY OF RESEARCHERS SUPPORTED BY INSTITUTIONAL GRANTS**

To be eligible for the supplemental funds, researchers must meet *all the following criteria*:

- Be conducting an original and rigorous clinical research project that has the potential to address a health issue that poses a significant clinical burden (with considerable morbidity and mortality, whether it is a rare or common condition) and that has potential for societal benefit. Broader biomedical research, including research with non-human animals is permissible by some funders in the collaborative. Specific restrictions about use of non-human animals will be stipulated for each grant awarded.
- Hold an MD, DO, PhD, or foreign equivalent degree from an accredited institution. *The majority of the grants have been earmarked to support institutional programs providing research supplements for physician scientists.*
- Be early-career faculty, defined as a having a full-time, post-training Instructor or Assistant Professor faculty appointment at the medical school. Note that this does not include subspecialty fellows who have been given an instructor title for clinical duties. Associate Professors are eligible only if they have been at this position for one year or less.
- Be engaged in research as their primary professional activity with a minimum of 50% effort allocation to research at the time of application for the supplement.
- Demonstrate a compelling, time-sensitive need for the supplement to regain research momentum because of increased family caregiving responsibilities caused by COVID-19. Typically, caregiving would be childcare, partner care, and/or eldercare, but prospective supplement recipients may make the case for other reasonable family caregiving responsibilities.

- Have an intra or extramural career development award or research project grant with annual direct costs sufficient to provide both research and salary support. This support is intended to supplement ongoing research projects; eligible faculty members must have active support for their research projects. Institutions may support a limited number of scholars without current research funding only if the institution will commit to providing additional research support. The supplements are not meant to be used as bridge funding.

### **APPLICATION PROCESS**

The application for this competition is a two-stage process initiated by the submission of a letter of intent at the designated web portal. A letter of intent consists of a simple form submitted to reserve an institution's spot for a full proposal submission. Interested institutions must submit an electronic Letter of Intent by 3 pm ET on June 22, 2021. Submitting a letter of intent does not obligate institutions to submit a proposal. Nonetheless, proposals will not be accepted unless a letter of intent has been submitted through the corresponding online application. Detailed instructions on how to start a letter of intent begin on page 7.

The second application stage is the submission of a full proposal. Institutions that have submitted letters of intent will be able to access the full-proposal submission form on June 23, 2021. Instructions to prepare a full proposal are provided on page 8 for reference though the form will not be available until after the deadline for submission of a letter of intent. Full proposals will be due by 3 pm ET on July 20, 2021. Full proposals consist of an online form and a proposal document plus a budget and will be evaluated according to the review criteria listed in the attachment on page 13.

### **DEFINITION OF CLINICAL RESEARCH**

Clinical research is defined as the scientific investigation of the etiology, prevention, diagnosis, or treatment of human disease using human subjects, human populations, or materials of human origin. Included in the definition are studies that utilize tissues or pathogens only if they can be linked to a patient. The majority of the grants are earmarked to support institutional programs providing research supplements for physician scientists working on clinical research questions. Broader biomedical research, including research with non-human animals is permissible by some funders in the collaborative. Specific restrictions about use of non-human animals will be stipulated for each grant awarded.

### **USE OF HUMAN SUBJECTS**

All supplemental research projects supported that involve human subjects must comply with appropriate regulations pertaining to the use of human subjects in research.

### **SHARING OF GRANT INFORMATION**

Participating funders who are also members of the Health Research Alliance ([www.healthra.org](http://www.healthra.org)), have agreed to deposit basic grant information into a database of privately funded awards. The following grant information may be used by the funders freely and provided to third parties, like the Health Research Alliance, at their discretion: Grant director's name, degrees, clinical specialty (if applicable), institution, project title, abstract, grant start date and duration, grant amount and Open Researcher and Contributor ID (ORCID).

### **GRANTEE REPORTING EXPECTATIONS**

The long-term goal of this initiative is to help catalyze culture change around equitable supports for researchers with family caregiving responsibilities. In the near-term, funded projects will be expected to document and report on: the title, abstract, and research products of projects supported by the supplemental research grants, the recipients' demographic characteristics (optional self-report) and

appointment title, how the supplements were used, the recipients' time allocation to research pre and post supplemental support and retention in research. Institutions will be asked to document and report on changes in institutional policies, practices, and processes to more sustainably support scientists with caregiving responsibilities and to recognize the importance of their research contributions.

### **INTELLECTUAL PROPERTY**

If any ideas conceived or reduced to practice as a result of the grants result in material subject to patent or copyright, the disposition of any such rights, and income derived therefrom, shall be subject to the policies and procedures of the Grantee Institutions.

### **RESEARCH WITH NON-HUMAN ANIMALS**

Support contributed to this initiative by the Doris Duke Charitable Foundation cannot be used to support experiments that utilize non-human animals or any tissues or cells derived from them, in keeping with Doris Duke's wishes as expressed in her will. As a result, grants supported by the Doris Duke Charitable Foundation will be restricted to support for research supplements that do not use non-human animals.

*Broader biomedical research, including research with non-human animals is permissible by some funders in the collaborative. Specific restrictions about use of non-human animals will be stipulated for each grant awarded.*

### **ABOUT THE COLLABORATING FUNDERS**

#### **The Doris Duke Charitable Foundation**

The Doris Duke Charitable Foundation is a national philanthropic organization with the mission to improve the quality of people's lives through grants supporting the performing arts, environmental conservation, medical research and child well-being, and through preservation of the cultural and environmental legacy of Doris Duke's properties. The Medical Research Program of the foundation aims to advance the prevention, diagnosis and treatment of human disease by strengthening and supporting clinical research. In 2015, the Medical Research Program launched the inaugural Fund to Retain Clinical Scientists with grants to 10 medical schools to develop programs to provide research support for early-career physician-scientists with caregiving challenges. Visit <http://www.fundtoretainclinicalscientists.org> to learn more.

#### **The American Heart Association**

The American Heart Association is a relentless force for a world of longer, healthier lives. We are dedicated to ensuring equitable health in all communities. Through collaboration with numerous organizations, and powered by millions of volunteers, we fund innovative research, advocate for the public's health and share lifesaving resources. The Dallas-based organization has been a leading source of health information for nearly a century. Connect with us on [heart.org](http://heart.org), [Facebook](#), [Twitter](#) or by calling 1-800-AHA-USA1.

#### **The Burroughs Wellcome Fund**

The Burroughs Wellcome Fund serves and strengthens society by nurturing a diverse group of leaders in biomedical sciences to improve human health through education and powering discovery in frontiers of greatest need. Details on all of our programs can be found at [bwfund.org](http://bwfund.org). For more news and information follow us on Twitter: @bwfund.

#### **Rita Allen Foundation**

The [Rita Allen Foundation](#) invests in transformative ideas in their earliest stages to leverage their growth and promote breakthrough solutions to significant problems. It enables early-career biomedical scholars to do pioneering research, seeds innovative approaches to fostering informed civic engagement, and

develops knowledge and networks to build the effectiveness of the philanthropic sector. Throughout its work, the Foundation embraces collaboration, creativity, learning, and leadership.

### **Walder Foundation**

The [Walder Foundation](#) was established by Joseph and Elizabeth Walder to address critical issues impacting our world. The Foundation's five areas of focus—science innovation, environmental sustainability, the performing arts, migration and immigrant communities, and Jewish life—are an extension of the Walders' lifelong passions, interests, and their personal and professional experiences.

### **QUESTIONS**

Please email [ddcf@aibs.org](mailto:ddcf@aibs.org) with "2021 – COVID 19 FRCS- your last name" as the subject line. Questions will be answered within two business days. Please do not call, we are better able to assist if you send us an email.

# COVID-19 FUND TO RETAIN CLINICAL SCIENTISTS

## INSTRUCTIONS TO APPLY

### HOW TO ACCESS THE LETTER OF INTENT FORM

*Please note that letters of intent must be submitted by 3pm ET on June 22, 2021. Late submissions will not be accepted. Submitting a letter of intent does not obligate applicants to submit a full proposal. Nonetheless, proposals will not be accepted unless a letter of intent has been submitted through the website. To access the Letter of Intent Form, applicants must provide their institution's nine-digit employer identification number (EIN).*

Please consult with your grants office to obtain the ID for your institution. Only tax IDs from organizations with 501(c)(3) status are recognized by the online application system, which matches against the IRS database. Please verify that you are using the appropriate tax ID number if it is not recognized by the online application system.

**START a new letter of intent here:**

[https://www.GrantRequest.com/SID\\_1149?SA=SNA&FID=35195](https://www.GrantRequest.com/SID_1149?SA=SNA&FID=35195)

**Click this link once.**

**Using this link more than once will create multiple Letters of Intent**

**RETURN to an existing letter of intent:**

[https://www.grantrequest.com/SID\\_1149/?SA=AM](https://www.grantrequest.com/SID_1149/?SA=AM)

Once you have initiated a letter of intent, please bookmark the page at the link immediately above. *Using the first link of the two above will begin a new Letter of Intent.*

*If you have previously submitted an application to the Doris Duke Charitable Foundation, use your existing account information (email address & password) to log in. If you do not know your password, you can request to reset it on the main log-in page.*

### INFORMATION REQUESTED IN THE LETTER OF INTENT FORM

The Letter of Intent Form is brief and consists of the items listed below. We recommend gathering the following information before starting an online form submission.

1. Program Director's and optional co-Director's first name, last name, title, department, office address, phone, and email address. The Program Director will also be asked to enter their clinical specialty (if applicable) and 16-digit ORCID (if they do not already have one, [register here](#)). Once the letter of intent form is submitted, these contacts cannot be changed. Please carefully consider the appropriate contacts.

The institutionally designated Program Director and optional co-Director should be in a position to direct the program at their institution, establish a fair and accountable selection process,

provide general mentoring to the recipients of the supplemental funding, and to promote and garner institutional support for researchers with family caregiving responsibilities.

2. A brief statement that includes the goals of the program and a description of the potential pool of applicants with proposed selection process for candidates for supplemental research funds. (maximum 250 words)
3. If applicable, a brief description of existing “extra hands” programs at the applying institution. (maximum 200 words)

Applicants submitting a letter of intent will have access to the full proposal submission form through their online accounts no later than the end of the business day on June 23, 2021. To give applicants ample time to prepare a full proposal, instructions are included in this document. However, full proposals may only be submitted through the corresponding form that will become available after the deadline for submission of letters of intent.

### **HOW TO PREPARE A FULL PROPOSAL SUBMISSION**

Applications for the COVID-19 *Fund to Retain Clinical Scientists grant* will be submitted through the same online application system as letters of intent. A new form will appear in the online account used to submit a letter of intent after submitting one; access to the new form will be given no later than June 23, 2021.

The person designated as the Program Director must be employed at the institution that will receive the grant, if awarded. Your account login and password are the same as those you created earlier for submission of the Letter of Intent. Your user login is your email address, which you may use to retrieve your password. *To access the full application, you must use the same account and email address you used to submit your Letter of Intent.*

**[Click here](#) to access your account.**

A link to the full application form will appear under the “new” headline on your account homepage. Once you have clicked on the link to begin the full proposal submission, the form will be listed under the list of “In Progress Applications.”

**A complete full proposal consists of:**

#### **I. Online form fields**

- Contact information for the program director and co-director, if applicable. This information cannot be edited and will be carried from the letter of intent form. If you would like to make a change, please get in touch with us at [ddcf@aibs.org](mailto:ddcf@aibs.org).
- Contact information for the program administrator, if applicable.
- Pre- and post-award grants and contracts officers’ first names, last names, titles, emails, and phone numbers.
- Public Relations/Media Communications contact’s first name, last name, title, email, and phone number. This is the institutional contact that can be contacted for press releases.
- Financial officer’s first name, last name, title, email, and phone number.
- Project title (255-character limit), this may be updated as needed from the letter of intent.
- Project summary, updated from the letter of intent if needed (250-word limit).
- Number of early-career faculty at the medical school. Early-career faculty is defined as faculty at the ranks of post-training instructor, assistant professor, and new associate professors (no more than one year at that rank).



- Number of early-career faculty who identify as women, Black, African American, Hispanic or Latino, Native peoples, people with disabilities, or as having grown up at economic disadvantage.
- Number of early-career faculty who are physician scientists (include only faculty with MDs or equivalent degrees and current effort allocation to research  $\geq 50\%$ ).
- Number of early-career faculty who are physician scientists (include only faculty with MDs or equivalent degrees and current effort allocation to research  $\geq 50\%$ ) and who identify as women, Black, African American, Hispanic or Latino, Native peoples, people with disabilities, or as having grown up at economic disadvantage.
- The form will ask for answers to the following questions about the institutional environment, policies, and practices. Responses to these questions will be used to evaluate the proposal and may be aggregated in de-identified form to document and share with the academic community at large:
  - What standard policies, processes, and programs existed before the COVID-19 pandemic to support medical school faculty with family caregiving responsibilities? (maximum 250 words)
  - What policy, process, and program adjustments were made because of the COVID-19 pandemic family caregiving crisis to support medical school faculty? (maximum 250 words)
  - Does the medical school plan to continue those policies, processes and programs? Comment on whether and how ongoing change aligns with or advances a wider institutional agenda. (maximum 250 words)
  - Were institutional changes implemented in response to the COVID-19 pandemic that have the potential to reduce systemic barriers to participation and advancement that have historically been faced by academic women in science, specifically Women of Color and other marginalized women in science? (maximum 250 words)
  - In your view, what are the greatest challenges for faculty with family caregiving responsibilities? How were those challenges identified? (maximum 250 words)

## II. Proposal attachment (assembled as a single pdf file)

All sections of the application, except for the biographical sketch, must be completed in 12-point font size, with margins not smaller than half an inch on all sides. Detailed instructions follow:

### A. Program Description (10-page limit, excluding optional references)

The Program Description must include all seven sections below:

#### 1. Why now? (1-page maximum)

Describe:

- How the grant would boost ongoing efforts to align institutional culture, policies, and practices to support faculty with family caregiving responsibilities.
- Evidence of institutional leadership commitment to the retention of physician scientist faculty with family caregiving responsibilities.
- Whether institutional responses accounted for differential impacts of the COVID-19 pandemic on its faculty, including renewed urgency to address issues of racial inequity.

#### 2. List of Key Personnel (1-page maximum)

Provide a list of the key personnel and a brief description of their role in the proposed program. Key personnel include director, co-director(s) if applicable, program administrator, evaluator, and others whose effort will be crucial to the success of the re-granting program.

**3. Recruitment and Selection Process (2-pages maximum)**

Describe the plan to recruit and distribute supplemental funds to early-career faculty members at your institution working on clinical research projects and facing significant family caregiving responsibilities because of COVID-19. Indicate whether and if so, how the selection would prioritize faculty who are women, Black, African American, Hispanic or Latino, Native peoples, people with disabilities, or as having grown up at economic disadvantage. Describe the selection process and the criteria to evaluate both the family caregiving challenges and potential to advance original and rigorous clinical research. Include a timeline for the planning and implementation of this selection process, including the expected supplemental funding start date for recipients.

**4. Potential Pool of Early-Career Faculty Applicants (3-pages maximum)**

In aggregate, discuss your institution's early faculty fields of research, record of scientific achievement (e.g., number and percent of faculty with career development awards, early faculty RO1 attainment record, productivity, and societal contributions). Also, based on the eligibility criteria on page 3, describe the potential pool of eligible faculty who may qualify in applying for the supplemental funds. Do not list faculty at your institution but rather describe the scientific strengths and potential for contributions to clinical research and human health of the possible eligible pool. This grant seeks to primarily support physician scientists; however, some funding may be made available for the broader early-career research faculty at the school of medicine. *Please note that in keeping with the wishes expressed in Doris Duke's will, Doris Duke Charitable Foundation funding may not be used toward research using animals or any tissues derived from animals, including cell lines.*

**5. Administration, Oversight, and Evaluation (1-page maximum)**

Describe the management and administrative structure of the grant and its integration with senior administration and faculty immediate supervisors such as department or division chairs and chiefs. Include any mentoring and complementary activities to be provided by the institution overall and also specifically by program leadership, outside of supports provided to all faculty. Examples include executive coaching, administrative assistance, institutional supplemental funding for services to reduce time spent on tasks related to family caregiving. Who would determine the impact of the supplements on retention and career advancement of recipients and the contribution of the grant to institutional transformation in its efforts to support faculty with family caregiving responsibilities and how?

**6. Existing "Extra Hands" Support for Junior Faculty (if applicable, 1-page maximum)**

If you already have an "extra hands" program at your institution, describe the program briefly. Explain how the grant would complement existing efforts, and why this grant support would make a difference in this moment of institutional rethinking of how best to support physician scientists with caregiving responsibilities.

**7. Budget Justification (1-page maximum)**

Provide a justification for the expenses in the budget. Describe any institutional contributions or in-kind support.

**B. Program Director/Co-Director Biographical Sketches** (*maximum 4-pages each, minimum 10-point font size*)

NIH format is recommended. Include the following: The Program Director/Co-Director name and position title, education and training, positions and honors (concluding with the current position), publications, and grant support.

**III. Institutional Commitment Letter from the Dean (1-page)**

A signed letter on institutional letterhead from the Dean. It should describe the commitment of the institution to the planned program in the context of ongoing institutional change to support faculty with family caregiving responsibilities with inclusive policies and practices beyond the COVID-19 pandemic crisis. Comment on whether and if so, how ongoing change aligns with or advances a wider institutional agenda. Describe how current hiring policies would enable recruitment of extra research hands that might be needed for the program.

**IV. Signed Letter from the Grants and Contracts Officer (1-page)**

A letter from the Grants and Contracts Officer or other appropriate institutional official attesting that the application has been reviewed and approved for submission. This letter should be on your organization's letterhead and signed by the appropriate official.

**V. Budget, using the Excel template provided ([download here](#))**

The budget requests information about allocation of funds sought from the COVID-19 Fund to Retain Clinical Scientists and any others provided by the institution. The Supplemental Funds cannot be used directly for caregiving costs such as those of childcare or eldercare, or recipient travel. If the proposal is funded and grant funds are issued by the Doris Duke Charitable Foundation, supplemental funding may not be used toward research with non-human animal models. Allowable direct costs include:

**Personnel costs**

- Partial personnel support for the program leadership or program administration, if needed. It is recommended that personnel support & administration combined be no more than 20% of direct costs.

**Supplemental research support**

- Research supplements are recommended to range from \$30,000 to \$50,000 per year for one year (the appropriate amount within that range may vary).
- Supplemental Funds must be used to support “extra hands” (technician, research coordinator) effort, grant-writing support, or buy out of required clinical time so that more time can be spent on research.
- Because recipients are expected to have a main research grant, research costs, such as supplies, sequencing, core facility costs, are not allowable costs.

**Supplies**

- Supplies to administer the grant, if needed. Please note that supplies procured as part of the supplemental research support re-grants must be accounted for under the supplement.

**Evaluation**

- Partial cost to evaluate impact of the supplements on the recipients and on the institution are allowed.

- There is no requirement to allocate funds or a set allocation for evaluation of the effort. It is expected that institutions will structure their budgets to maximize the number of research supplements to be awarded. However, institutional commitment to evaluate the effort as part of their practice to invest in resources to support faculty with family caregiving responsibilities will be assessed in the review.

**Other expenses**

- Please contact us at [ddcf@aibs.org](mailto:ddcf@aibs.org) to inquire about allowable costs if there are any additional costs not listed here that you would like to include in the proposed budget.

**ATTACHMENT**  
**REVIEW CRITERIA FOR THE COVID-19 FUND TO RETAIN CLINICAL SCIENTISTS**

**Scholars**

- Is there a pool of early-career physician scientists conducting important clinical research with potential for societal impact whose research productivity was impacted by COVID-19 family caregiving responsibilities?
- Does this pool include early-career physician scientists that could be eligible for the supplements and who are women, Black, Hispanic, Black, African American, Hispanic or Latino, Native peoples, people with disabilities, or who grew up at economic disadvantage?
- Is there a pool of eligible faculty who are not physician scientists?

**Environment and Institutional Commitment**

- Is the institutional environment conducive to preparing scientists with family caregiving responsibilities for successful research careers?
- Is there evidence that the institution is working to implement practices to incorporate family caregiving supports into institutional sustainability business plans to advance careers of caregiving scientists as a result of COVID-19? Are those practices based on evidence?
- Will the supplement be integrated with other available resources at the institution to maximize benefits for scholars?
- Is the institution actively working to interrupt biased processes for caregiving researchers to thrive?
- Is there evidence of institutional commitment to caregiving scholars, such as in-kind contributions and backing by institutional officials?

**Program**

- Is the selection process well-defined and rigorous, and does it address both need and scientific merit?
- Does the recruitment and selection plan consider diversity and inclusion?
- Will additional effective and helpful mentoring, professional development, and enrichment activities be specifically provided to the cohort of scholars supported?
- Would the program facilitate rapid deployment of additional research personnel needed to advance work supported by the supplements?

**Personnel**

- Is the leadership of the program qualified to provide strong direction and management?
- Does the program leadership have the capacity to act as agents of change to promote culture change around family caregiving in the workplace?
- Are there supporting personnel in place to carry out different aspects of the program such as selection coordination and evaluation activities?
- Do the Program Director(s) and supporting personnel have the appropriate background for the activities that they manage?

**Evaluation**

- Are there plans for internal evaluation efforts and will they add to the understanding of the supplements' effectiveness?
- Are there resources being allocated to evaluate near- and longer-term impacts of the supplemental funding?

**Overall**

- Would the grants complement wider institutional efforts to be more inclusive and supportive of faculty with caregiving responsibilities?
- Would the supplements support promising scientists working on significant clinical research problems and facing major time-sensitive family caregiving demands resulting from the COVID-19 pandemic?