

Request for Proposals:

Community Health Matching Grants



Blue Cross Blue Shield of Michigan Foundation

The philanthropic affiliate of Blue Cross Blue Shield of Michigan
Dedicated to Improving the Health of Michigan Residents



Blue Cross Blue Shield of Michigan and the BCBSM Foundation are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association



www.bcbsm.com/foundation

Vision

To make a significant contribution to health care knowledge and its application to improve health by:

- **Supporting research, and effective demonstration and evaluation projects; and**
- **Developing innovative and socially responsive health initiatives.**

Mission

The Blue Cross Blue Shield of Michigan Foundation is dedicated to improving the health of Michigan residents through the support of research and innovative programs.

Core Values

- **Commitment to Quality Performance**
- **Honesty, Integrity, Collaboration and Team Work**
- **Effective and Efficient Use of Resources**
- **Excellence in Programs, Grants and Communications**

Blue Cross Blue Shield of Michigan Foundation

The BCBSM Foundation is the philanthropic affiliate of Blue Cross Blue Shield of Michigan — and is a 501(c)(3) nonprofit, incorporated separately from BCBSM. The BCBSM Foundation is an independent licensee of the Blue Cross and Blue Shield Association.

BCBSM Foundation grant programs are conducted in Michigan, by Michigan based researchers and non-profit organizations to address issues of:

- Quality and costs of care
- Access to care
- Community health

The Blue Cross Blue Shield of Michigan Foundation is dedicated to improving the health of Michigan residents through the support of research and innovative programs.

The BCBSM Foundation's vision is to make a significant contribution to health care knowledge and its application to improve health by sponsoring research and effective demonstrations and evaluations, and by developing innovative and socially responsive initiatives.

None of the BCBSM Foundation's grant-making resources come from BCBSM customer premium payments. The BCBSM Foundation was funded through an endowment from Michigan physicians in 1983 and from proceeds of an earlier prescription drug class action lawsuit settlement.

For more information about the BCBSM Foundation and its programs, go to www.bcbsm.com/foundation.

Community Health Matching Grants

The BCBSM Foundation's Community Health Matching Grants program supports Michigan nonprofit organizations in the delivery and evaluation of interventions that focus on depression, domestic abuse, patient safety, access to care for the uninsured, and critical community health issues. The Community

Health Matching Grants Program **requires** that grantees develop a funding partnership(s) to support the proposed program. The Community Health Matching Grants program fosters collaboration among community organizations and funding agents to address important health issues within Michigan's communities.

Community Health Improvement Program Focus

The Community Health Matching Grants program's funding priorities are:

- Clinical depression;
- Domestic abuse, including teen dating violence;
- Patient safety;
- Access to health care for the uninsured.

We will also consider initiatives designed to provide innovative solutions to important community health issues.

Program Structure

Within this focus, up to \$25,000 per year in matching funds, for a maximum of two years, are available from the BCBSM Foundation to

implement and evaluate programs designed to:

- Address one of the health issues described above;
- Enhance consumer awareness and change unhealthy behaviors;
- Enhance quality, contain costs, and promote appropriate and necessary access to care.

The BCBSM Foundation encourages interventions that:

- Address disparities in health;
- Replicate a proven method or evaluate the effectiveness of a new intervention;
- Propose a cost-effective and sustainable program.

The BCBSM Foundation does not support the following:

- Equipment acquisition
- Capital expansion
- Endowments
- Operational expenses

The Community Health Matching Grants Program requires a dollar-for-dollar match of new monies from other external funding

sources dedicated specifically for the proposed project. BCBSM Foundation matching grants are contingent on confirmation that the grantee has obtained commitment for new funds sufficient to support the initiative. In-kind contributions are not accepted as a match. An outline of the proposed evaluation of the outcome of the project must be included as part of the proposal .

Eligibility:

Nonprofit 501(c)(3) organizations based in Michigan are eligible. Prior to submitting an application, we encourage discussion with the program officer in charge of this program.

Application Instructions

Requests for funding should include:

- Cover letter, including name and phone number of contact person;
- A completed application submission form;
- A proposal describing the character and scope of the problem, proposed methods, expected results, evaluation methods (if applicable), and other funders. The proposal should be no longer than 5 pages;
- A letter from proposed funder(s) indicating their willingness to provide or consider funding, or a list of possible funding partners;

- A detailed budget;
- Resume of the project director and other key personnel;
- A copy of the most recent Internal Revenue Service 501(c)(3) federal tax exemption letter.

Applications are accepted at any time and will be reviewed three times a year. Send requests for funding to:

Program Officer
Community Health Matching Grants
Blue Cross Blue Shield of Michigan
Foundation
600 Lafayette East, X520
Detroit, Michigan 48226

For more information about the BCBSM Foundation, please call (313) 225-8706, or visit our website at www.bcbsm.com/foundation.

Blue Cross Blue Shield of Michigan Foundation Community Health Matching Grants Application Form

Applicant Organization: _____

Title of Project: _____

Purpose of Project:

Project Director*: *(name, title, address, phone, e-mail and fax number)*

Anticipated Start Date: _____

Total Project Budget Amount: _____

Amount of Matching Support Requested: _____

Mail checks to: _____

Make checks payable to: _____

Attention: _____

Organizational Approval: *(name and title of official authorized to sign for organization)*

(name, typed or printed) (signature)

(title) (date)

**The Project Director is the individual responsible for the proposed project.*