

2025 INVESTING IN THE HEALTH OF THE UPPER PENINSULA - REQUEST FOR PROPOSAL
CONCEPT PAPER

Program Director/Principal Investigator:

Prefix: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Title: _____

Organization: _____

Organization Website: _____

Does your organization have 501(C)3 tax exemption status? Yes _____ No _____

Email: _____ Secondary Email: _____

Telephone: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____ County: _____ State: _____ Zip Code: _____

Title of Project: _____

Select the program for your submission: Community Matching Grant Program _____

Investigator Initiated Research Program _____ Request for Proposal Program _____ Physician Investigator
Research Award Program _____

If applying for a Physician or Investigator Research Award Program, does your organization require approval from an Institutional Review Board (IRB)? Yes _____ No _____

If yes, do you have IRB approval for this proposal? Yes _____ No _____ Pending _____

**If pending, please know IRB approval is required at time of application*

Addresses (select one or more): Healthcare Cost _____ Quality of Care _____ Access to Healthcare _____

Total Project Budget: _____

Grant Request Amount: _____ Duration (in months): _____

Estimated Start Date: _____

Purpose and description of project (include rationale, target population, and health issue being addressed; word limit: 400)

Explain how this project addresses non-medical drivers of health and/or access, quality or value of healthcare. (word limit: 200)

Expected Impact/Outcomes and Measurement Strategy (Include measurable outcomes and what impacts and outcomes you expect the target population to experience as a result of the project; word limit: 400)

Sustainability: How will this project continue once the grant period ends (word limit: 250)

Estimated Budget: No detailed breakdown is required but please provide what the project budget will cover.

If applying for a Community Matching Grant, please provide information on your match partner and if they are pending or confirmed. (word limit: 300)

Please submit concept papers to: upinvest@bcbsm.com

When submitting your completed concept paper, please include the following in the file name:

- County of project
- Acronym of the grant program you are applying for:
 - RFP: Request for Proposal
- For example: Nonprofitname_RFP_Marquette.pdf



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Blue Cross Blue Shield of Michigan Foundation is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.
Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.