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 ☐ 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 ☐

Ability Status: Persons with at least one disability ☐ Persons without a disability ☐

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)

How this Project Addresses Health Equity and/or the Social Determinants of Health (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, please just provide what the 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)**

Email completed concept paper to: **foundation@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:
  - MG: Community Matching Grant
  - II: Investigator Initiated Research Program
  - PIRAP: Physician Initiated Research Award Program
- For example: Nonprofitname_MG_Wayne.pdf